

COMMUNITY HEALTH ASSESSMENT FOR HODGEMAN COUNTY KANSAS

By

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Abstract

A Community Health Assessment (CHA) is the base on which a community builds a plan for improving and promoting the health of county residents. For our purposes community and county shall be synonymous throughout this process. The purpose of a CHA is to identify factors and issues that affect or will affect the health of a population and help determine the availability of resources within the community. Through efforts among the community leaders, public health, area businesses, hospital, health care providers and residents we can answer questions such as: “What concerns do our community residents have?”, “What are the resources needed in our county we currently do not have?”, “What are the community strengths?”, and “What are the community health deficiencies?”

Community-based assessment is the first step in the community health planning process. This report will describe the community health process for Hodgeman County Kansas from the beginning of the CHA to the completion of the assessment and presentation to the community. The assessment starts with the people who reside within the community and continues to involve the citizens through the implementation of strategies that are developed. This process ensures that the CHA is done by the community and not on the community.

This report presents the details of completing a CHA on Hodgeman County at the Hodgeman County Health Department in Jetmore, Kansas. This CHA was facilitated by Sheila McCullough-Culver, a MPH candidate. The report describes the details and process of completing a CHA for the purpose of community improvement. Following the process set forth by the North Carolina Division of Public Health the CHA process provided sound and evidence-based procedures that guided our CHA team from start to the final identified health priorities.

Additionally this CHA allowed the county health department to attain a start in its goal of accreditation through the Public Health Accreditation Board (PHAB).

A Community Health Assessment Team (CHAT) was formed and through a series of five meetings health priority strengths and concerns for Hodgeman County were determined by the CHAT team. Primary and secondary data was gathered, and through the CHA process it was analyzed, interpreted, and it was determined what Hodgeman county health priorities were, giving community members a baseline on which strategic plans can be built. The primary method of information gathering was a community survey on Hodgeman County. The survey consist of 51 questions divided into seven categories: (a) quality of life statements, (b) community improvements, (c) health information, (d) personal health, (e) access to care/family health, (f) emergency preparedness, and (g) demographic questions. This survey was available in printed and online versions; also English and Spanish language versions were available. At the completion of the information gathering phase health priority list were constructed using primary data, the CHA, secondary data from Kansas Health matters and County Health Rakings. The top fifteen health priorities were taken to the community meeting and further narrowed down to the top three health priorities as the community saw it.

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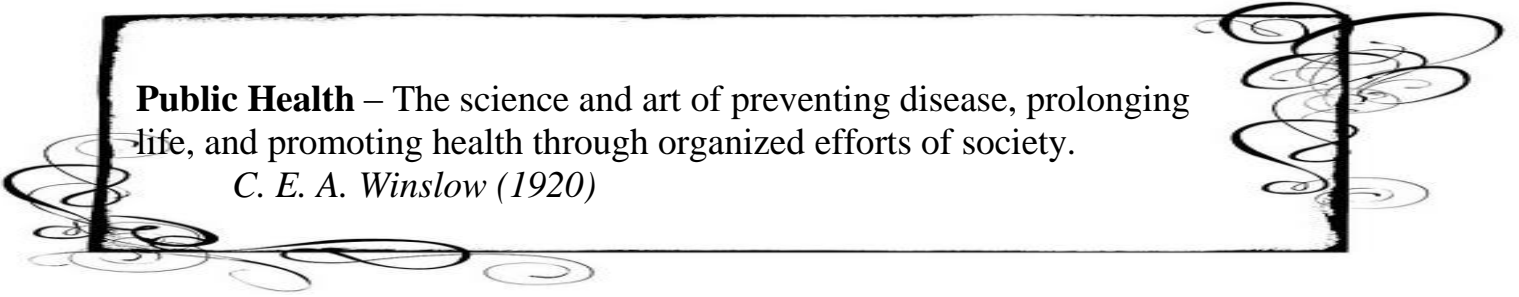
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I would also like to give special thanks to the entire staff at the Hodgeman County Health Department in Jetmore, Kansas for their immense help throughout this process. Karen Haug, RN BSN deserves special thanks as she is a real expert at Public Health especially in a rural community, without her guidance this Community Health Assessment would never have been completed. Additional staff at the health department: Ashley Burns, Judy Thomas and Jenette Schuette, RN were also great help in the CHA. To DeWayne E. Craghead and Rhonda Stithem at the K-State Research and Extension, and Lea Ann Seiler, CPM Hodgeman County Economic Development I will always be thankful for all your help.

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Public Health – The science and art of preventing disease, prolonging life, and promoting health through organized efforts of society.

C. E. A. Winslow (1920)

Introduction to a Community Health Assessment

A community health assessment (CHA) is the foundation of information on which a community builds a strong base for identifying, improving and promoting the health of its residents. The community, for our purposes, will be Hodgeman county Kansas. This CHA is the result of a collaborative effort between numerous county entities that all have an interest in the outcome and are all a part of identifying health factors of need as well as the solutions. This report details the process undertaken, from the planning stages through the community health survey, as well as interpretation of the data, and finally presentation to the community. This type of information gathering has credibility in evidence-based research and practices (NC DHHS, 2011), bringing answers to the questions from the community and giving direction to health needs. For example: “What are our strengths, what health concerns are there, are there emerging health issues on the horizon, what resources do we have and what can we do to improve them?”

A CHA is usually the first process in community improvement, especially when health issues are involved. Once the CHA is completed it becomes part of an ongoing process in which a community will build its strategic plan and other health affiliated improvements. A CHA is typically done in phases. The model provided to Hodgeman County for use came from the North Carolina Division of Public Health and consists of eight phases.

North Carolina Community Health Assessment Process

Phase 1: Establish the CHA team

Phase 2: Collection of Primary Data

Phase 3: Collect Secondary Data

Phase 4: Analyze and Interpret County Data

Phase 5: Determine Health Priorities

Phase 6: Create the CHA Document

Phase 7: Disseminate the CHA Document

Phase 8: Develop Community Health Action Plans

(NC DHHS, 2011)

Through this process Hodgeman County hopes to develop additional health care resources, enhance current health care resources, and plan for future endeavors to promote quality health care locally.

A community health assessment is an essential tool for a community in evaluating the strengths, needs, resources available, as well as the current health status and the community's weaknesses. Hodgeman County is classified as a frontier county by the Kansas Department of Health and Environment (KDHE, 2013); it is a rural county located in Southwest Kansas and belongs to the southwest surveillance region. (KHM, 2013)

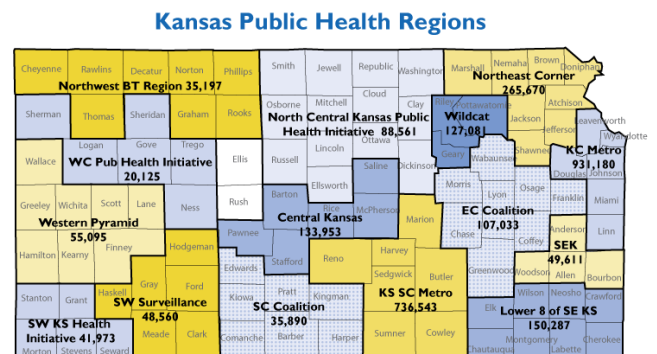
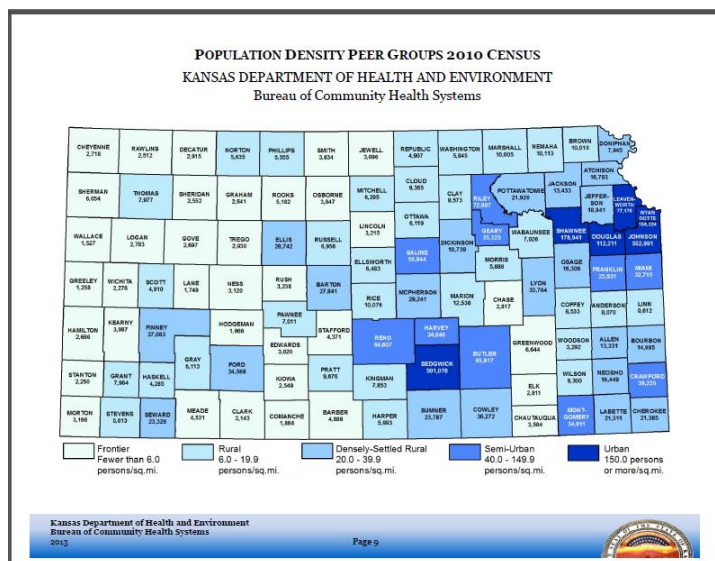


Figure 1: Population density (KDHE 2013), Kansas Public Health Regions (KHM 2013)

Hodgeman County was in need of a detailed Community Health Assessment (CHA) to be completed for a number of reasons—to help the county assess whether primary needs were being met and to give the local health department the needed assessment to move forward toward

accreditation; as set forth by the National Public Health Performance Standards Program, and the Operational Definition of a Local Health Department. I became aware of such a need while visiting with Karen Haug, RN BSN, the administrator of the local health department; I was also aware of my requirement for a worthwhile and credible project for my field experience during my master's capstone. As I embarked upon my project it felt like a good fit from the beginning, as I knew Karen, this health department and the level of diligence of all the staff at the health department. I had been a public health nurse at this very health department for eight years, twelve years prior to this project!

Phase 1: Establishing the CHA Team

Accomplishing a Community Health Assessment (CHA) is a multiphase process that essentially begins with defining the purpose and the value of a CHA to the community and enlisting a dedicated group of individuals who represent a diverse cross-section of the population being assessed. The first phase of any CHA begins with formatting a group of individuals willing to put forth the effort required to accomplish a CHA that will provide a good understanding of the community's needs. Hodgeman County Health Department (HCHD) representative Karen Haug and I began this process with a very basic sit down meeting in which we discussed a wide array of individuals in our county who might be willing to join us for our CHA process. We wanted to include members of both Hodgeman county towns, which there are only two, Jetmore, the county seat, and Hanston, which is 12 miles east of Jetmore. As the discussion progressed, Hodgeman County K-State Research and Extension, Hodgeman County Economic Development (HCED), and the local hospital, Hodgeman County Health Center (HCHC), were included as core agencies to help develop the CHA. I, Sheila McCullough-Culver, was appointed as the CHA facilitator, primarily since I was the Master in Public Health (MPH) candidate. I lead and

facilitated the entire process beginning with this initial meeting. It was decided to call our group CHAT, for **C**ommunity **H**ealth **A**ssessment **T**eam. It was agreed this was a catchy acronym to which I then added a graphic; this would give a visual appeal that would stick in people's minds when the CHAT name was brought up. The logo included a map of Kansas counties with Hodgeman County highlighted in red for emphasis; this logo would be on all our correspondence to tie it together and alert people to its significance when they saw our familiar logo.



Figure 2: Community Health Assessment Team logo

As alluded to above, this first informal meeting of the CHAT members was primitive and just the initial stages of planning the CHA. The representatives present were:

- Sheila McCullough-Culver: candidate for MPH at KSU as well as representative for HCHC
- Karen Haug: HCHD
- Lea Ann Seiler: HCED
- Rhonda Stithem: HC K-State Extension

Through a series of brainstorming a representative list of community members was amassed and an invitational letter was composed by Sheila to invite people to come to the initial CHAT team meeting, defining our purpose and goals (Appendix A). February 20, 2013 the letter went out encouraging community members who had an interest to attend the first CHAT meeting

set for March 14, 2013 in the county courthouse lounge. The invitational letter contained a brief explanation of what a CHA was, its goals, what their obligations would be, who the cooperating agencies were, and how they could commit to the process. A follow up postcard was sent out asking for an RSVP by March 4 in order to give the team an idea on how many to plan for at the first CHAT meeting (Appendix B). An agenda was also sent out via postal service; along with the sample of the cover letter that would accompany the actual health survey when it was eventually sent out. This survey would be mailed to every household in the county with the assistance of HC K-State Extension. A positive response to the invitation letter was encouraging, and RSVP cards were returned by over twenty-nine people.

Phase 2: Collecting Primary Data

Plans and organization for the first CHAT meeting proceeded during February and into the beginning of March 2013. A big part of the preparatory work involved writing and developing the Hodgeman County Community Health Assessment Survey. Enormous help in this task was provided by the North Carolina Department of Health and Human Services in graciously allowing the State of Kansas to use the template from the NC Department of Health's CHA. Hodgeman County was not the only county to be completing their CHA; numerous Kansas counties were already in this process and Hodgeman County was anxious to join the efforts. The community health assessment guide book (NC DHHS, 2011) was made available to the facilitator of the CHA and the survey was redesigned to be a representative tool for Kansas and Hodgeman County. Upon completion of a survey rewrite, in English and Spanish, Sheila McCullough-Culver and Rhonda Stithem placed the entire survey into a SurveyMonkey version for those who may prefer to take the survey online, again in both English and Spanish (Appendix C).

The March 14, 2013 meeting of CHAT had an excellent turnout of twenty-one of the twenty-nine individuals who responded affirmatively to the meeting invite. Sheila McCullough-Culver, CHAT facilitator, welcomed all and presented a PowerPoint presentation on “What is a Community Health Assessment?” (Appendix D). All correspondence previously sent to the prospective CHAT team members was discussed and reviewed; additionally a printed copy of the survey was handed out and reviewed by the entire group with any suggestions for improvement taken into account before printing. A local merchant, Jeff Hillman, printed 1000 copies of the survey in English and 25 copies in Spanish for the mass mailing. A completion deadline of April 12, 2013 was observed for printed as well as the surveys completed on the SurveyMonkey.

A variety of creative methods were discussed and plans made to maximize survey participation. Each CHAT team member filled out a list on which they placed the names of ten people whom they would personally touch base with and encourage to participate in the survey; all lists were compared at this first CHAT meeting to ensure no duplicate names would appear. Additional methods employed would be placing a message on the ADT alert system encouraging citizens of Hodgeman County to fill out a survey, as well as this message being placed in the school newsletter. A reminder message was placed in the “community corner” of the local newspaper, *The Jetmore Republican*. Additionally an article was published on the front page of the paper featuring CHAT facilitator Sheila McCullough-Culver. A link was placed on the Hodgeman County Health Department website and Sheila McCullough-Culver attended the Hodgeman County Extension steak supper where she gave a short presentation on the CHA, why it is important and to encourage participation (Appendix E). Of most significance was the copy of the CHA survey mailed to each house in the entire county via Hodgeman Co. KSU Extension

bulk mailing, including directions for completing the survey. Survey takers were given the choice of taking the survey either in writing or online per SurveyMonkey. CHAT team member Sue Hergert, high school Family and Consumer Science (FAC's) instructor, requested permission to give the survey to the entire ninth grade student body. Students would take the survey during computer class; as students in their ninth grade are required to take computer class, this would catch all ninth graders. The process and the results were incorporated into her class lesson plan for family living class as a learning experience for the kids. To maximize survey participation CHAT team members would make contacts to perspective survey participants between March 18 and 24th. Survey drop boxes were placed in strategic locations around the county, both banks, the courthouse, the grocery store, and the county hospital.

Phase 3: Collecting Secondary Data

The first and second phases of the Community Health Assessment were moving along well—we had established a CHAT team and had a strong start to Phase 2. Preparation then began for Phase 3: collecting secondary data. Secondary data is information collected primarily by someone else, either at the local, state or even the national level. The secondary data we would focus on would help the team understand statistics associated with Hodgeman Co. It was essential for our CHAT team to look at and interpret this information, what it means for our county specifically. The next CHA meeting took place on April 11; this meeting focused on secondary data from Kansas Health Matters (KHM, 2013) and County Health Ranking, (CHR, 2013).

Indicators for County: Hodgeman

[View the Legend](#)

Health

Access to Health Services

▪ Average Monthly WIC Participation per 1,000 population	Comparison: KS State Value	
▪ Ratio of Population to Primary Care Physicians	Comparison: KS State Value	
▪ Staffed Hospital Bed Ratio	Comparison: KS State Value	

Heart Disease & Stroke

▪ Congestive Heart Failure Hospital Admission Rate	Comparison: KS State Value	
▪ Heart Disease Hospital Admission Rate	Comparison: KS State Value	

Immunizations & Infectious Diseases

▪ Bacterial Pneumonia Hospital Admission Rate	Comparison: KS State Value	
▪ Percent of Infants Fully Immunized at 24 Months	Comparison: KS State Value	
▪ Sexually Transmitted Disease Rate	Comparison: KS State Value	

Maternal, Fetal & Infant Health

▪ Infant Mortality Rate	Comparison: KS State Value	
▪ Number of Births per 1,000 Population	Comparison: KS State Value	
▪ Percent of all Births Occurring to Teens (15-19)	Comparison: KS State Value	
▪ Percent of Births Occurring to Unmarried Women	Comparison: KS State Value	
▪ Percent of births Where Mother Smoked During Pregnancy	Comparison: KS State Value	
▪ Percent of Births Where Prenatal Care began in First Trimester	Comparison: KS State Value	
▪ Percent of Births with Inadequate Birth Spacing	Comparison: KS State Value	
▪ Percent of Births with Low Birth Weight	Comparison: KS State Value	
▪ Percentage of Premature Births	Comparison: KS State Value	

Mortality Data

Figure 3: Kansas Health Matters: <http://www.kansashealthmatters.org> (KHM, 2013)

	The colored gauge gives a visual representation of how your community is doing in comparison to other communities. The three-colored dial represents the distribution of values from the reporting regions (e.g. counties in the state) ordered from those doing the best to those doing the worst (sometimes lower values are better and in other cases higher values are better). From that distribution, the green represents the top 50th percentile, the yellow represents the 25th to 50th percentile, and the red represents the "worst" quartile.
	This gauge shows how the County: Hodgeman value compares with the median or mean value for all counties in the state (or all US counties). The gauge is blue and white when being higher (or lower) is not necessarily good or bad and is multi-colored when being higher (or lower) is good or bad.

Figure 4: Kansas Health Matters Legend (KHM, 2013)

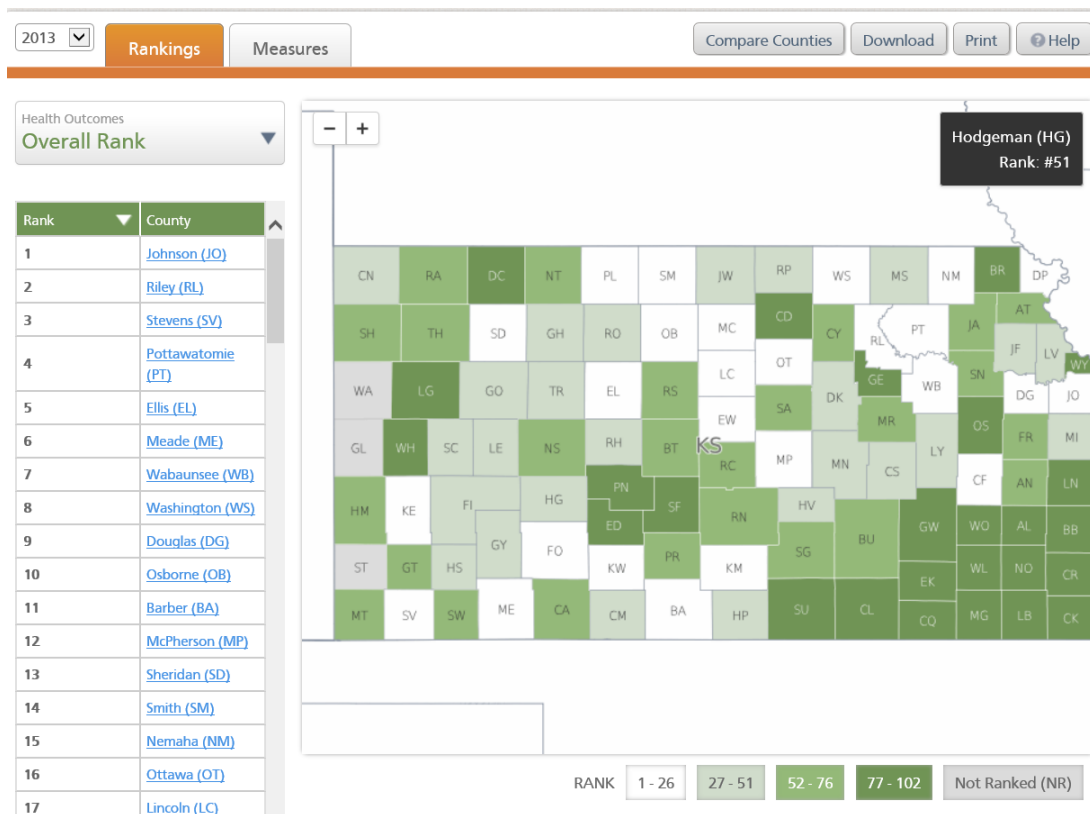


Figure 5: County Health Rankings and Roadmaps



<http://www.countyhealthrankings.org/app/kansas/2013/hodgeman/county/outcomes/overall/snapshot/by-rank>.

Seventeen CHAT team members were on hand for the April 11th meeting to discuss secondary data. Sheila McCullough-Culver began the meeting by explaining to the group the importance of secondary health information; we would be summarizing the statistical information available for our county that is collected from other sources, separate from data collected by our group. Data collection alone will not yield anything more than just numbers; what is of most importance for the county is to decipher this data in meaningful ways. This data must be interpreted and then it is decided what this information means for the county. It was demonstrated live for the meeting attendees on the overhead projector how to navigate and

search for data on the Kansas Health Matters and County Health Rankings websites. As the group asked questions, various aspects of Hodgeman Co. health were researched, discussed and compared as the group navigated the websites on the laptop connected to the overhead projector. The CHAT team was provided with printed information about Hodgeman Co. sorted by county and the southwest region. The group broke up into three small “think tanks” to review this secondary data and broke it down into a more manageable list. These lists were Hodgeman County strengths and Hodgeman County concerns as determined by the data and the groups (Appendix F). The CHA process continued to narrow down the strengths and concerns list as we progressed toward completion of the process.

The survey response had been good with 120 paper surveys collected and 157 surveys taken by SurveyMonkey as of early April 2013. The group was informed at that time, that the last day to turn in a paper survey would be April 16 and the electronic version was April 19, 2013. This was a slight change from the original date of April 12th. For ease of analysis Sheila and Ashley entered all paper surveys into the SurveyMonkey this had value when it was time to analyze the survey data as a whole. Care was taken to accurately and completely enter all data into the SurveyMonkey to avoid transcription errors.

May 9th the Hodgeman county CHAT team reconvened to continue collection of secondary data. Nine CHAT members were present so one group was formed versus the three smaller breakout groups. A list of health resources already available within our county were handed out at the meeting for review of services currently available. The Hodgeman County Health Beat (HCHB) directory was passed around so all meeting attendees could have a copy (Appendix G). HCHB is a comprehensive directory for health care services available to residents in Hodgeman county and surrounding areas as well as state and national hotlines. The

CHAT team reviewed this data and came up with a beginning list of Hodgeman Co. strengths and concerns in relation to services available in our county (Appendix H).

Phase 4: Analyzing and Interpreting Primary and Secondary Data

Preparation for the next phase of the CHA process began as the last of the paper surveys were entered into SurveyMonkey. The total number of surveys turned in by the deadline was 335; this included all paper and SurveyMonkey versions. This phase of the process provided for a better understanding of Hodgeman Co. demographics, the health status of the people, and the major health risks as they develop into an explanation of the health assets and concerns in Hodgeman County. As the group activity progressed, there was an insight into the thought process of people from different parts of the county. This became more apparent as the surveys were entered into SurveyMonkey. How strong people felt about issues and the importance placed on them seemed to be zip-code-dependent; this indicated which health issues were more important was dependent on where you lived.

Hodgeman Co. CHAT team members Sheila McCullough-Culver, Ashley Burns and Karen Haug spent time during the summer weeks looking through and organizing the data from the surveys into a cumulative document. The survey results required some tailoring prior to bringing the data to the group CHAT team meeting. The sheer volume of data can prove overwhelming. SurveyMonkey was a great tool for collecting the data and summarizing the results but without thoughtful arrangement of the information it could quickly become too overwhelming and impossible to manage. SurveyMonkey allows you to compare age groups, zip codes and a multitude of other data into literally hundreds of comparisons. Without narrowing the information it would prove too much to conquer within the time constraints of the CHAT meeting. Bringing raw data to the CHAT meeting would be very confusing so it was

necessary to first “clean and condense” the data. After all the surveys were placed into the SurveyMonkey, health department staff member Ashley Burns placed all the survey questions and answers into a notebook that was referenced by the CHAT team members at the July 11, 2013 meeting. We placed like categories of data together, each survey question was shown in comparison to the survey takers age, zip-code and a category that included all participants regardless of age or location.

As mentioned previously 335 surveys were completed for the CHA, and considering the entire county population is 1963 the participation was pretty good. In order to use and understand this data gathered by Hodgeman county CHAT, it needed to be analyzed, compared and determinates of health made. Once this was accomplished plans were made to move forward with a community health priority system. Determinants of health are defined as the circumstances in which people are born, grow up, live, work, their age, and the systems put in place to deal with illness. These circumstances in turn are shaped by economics, social policies, and politics (WHO, 2013). These factors contribute to inequities in health, helping to explain why people living in poverty die sooner and get sick more often than those living in favorable economic conditions. The WHO Commission on Social Determinants of Health concluded that the social conditions in which people are born, live, and work are the single most important determinant of one’s health status, even in Hodgeman County. Factors that contribute to poverty, as well as including inadequate healthcare services, lower quality educational opportunities, fewer job opportunities, and higher crime rates that contributed to continued poverty and the development of poor health outcomes. Good health involves reducing levels of educational failure, unemployment and improving housing standards for all residents. The CHAT team took the survey which had been broken down into seven categories that included:

- quality of life statements
- community improvements
- health information
- personal health
- access to care/family health
- emergency preparedness
- demographic information

The quality of life statements included data concerning how you felt about where you lived, was it a good place to raise a family, is there economic opportunity, and is it a safe place to live? Employment and living wages can provide financial security and access to resources, such as housing and healthcare. Current research shows that life expectancy increases with levels of income. Men and women were shown to expect to live approximately 6 years longer when their income level was higher (National Heart, Lung and Blood Institute, 2007). Hodgeman Co. survey results showed high satisfaction with 72.4% of survey responses indicating agree or strongly agree that this community is a good place to live. Additionally, 83.3% of respondents feel Hodgeman Co. is a good place to raise children. All this speaks well for how the community perceives our county; however, when questioned about economics or financial security a different answer was given.

Community improvements in Hodgeman Co. covered a wide array of concerns but did focus around economic growth and housing. The relationship between poverty and health is complex and influenced by a multiple, interrelated factors including: poor environmental conditions, low education attainment, financial barriers in accessing health services, and a lack of resources necessary to maintain good health status. Poverty, or the threat of poverty, remains one of the most stressful challenges facing Hodgeman Co. families today. Families that live in

poverty are often unable to afford basic necessities, such as food, housing, and health care. Single-family households, in particular single mother- headed households, tend to have higher rates of poverty. Hodgeman County residents have several economic concerns as evidenced by the health survey; a majority (56.8%) disagree or strongly disagree that there are adequate economic opportunities. When asked their top concern with quality of life issues, availability of employment and affordable housing top the list; these were two out of the twenty listed quality of life concerns. Housing is commonly considered to be “affordable” when a household pays no more than 30 percent of its annual income on housing. Affordable housing creates a feeling of security and control over one’s life, a shortage of housing can cause feelings of instability and insecurity. A shortage of affordable housing may contribute to families who can’t afford housing to settle for substandard unsafe housing in neighborhoods with fewer resources. Families who survive on less income tend to have little to pay for health care, setting themselves up for increased illness.

Hodgeman Co. top health information concerns were exercise/fitness, substance abuse and preparing for an emergency, combining for 34.3 % of survey concerns. This comes as no surprise; when health assessments are done people always want information on what there already seems to be a lot of available data on already. People tend to want to be spoon fed information that is readily available. Hodgeman Co. residents report they get 41.4% of health information from the doctor, and 18.8 % from family/friends showing Hodgeman Co. residents stay close to home for information on health.

Personal health behavior choices play a part in disease, injury, and premature mortality. During the 20th Century, Americans gained almost 30 years in life expectancy (MMWR, 1999). Much of this increase can be attributed to the development of antibiotics and advances in public

health such as clean water and immunizations. With these changes came the end of large numbers of deaths due to tuberculosis, other respiratory and enteric illnesses, diphtheria, typhoid, polio, and measles. By the close of the 20th century, chronic diseases had replaced infectious diseases as the leading causes of death. However, while Americans are living longer, they may not be living healthy longer. Chronic conditions may result in a diminished quality of life brought about by disability, dependence on medication, and high costs of medical care. The positive news is that choosing healthy behaviors may help prevent, delay the onset of, or reduce the effect of many chronic conditions. Healthy behaviors include: maintaining healthy weight, blood pressure, and cholesterol levels as well as engaging in physical activity, eating nutritious foods, and avoiding tobacco use. Behaviors and risk factors affecting disease and injury include but are not limited to smoking, obesity, nutrition, physical activity, seat belt use and unsafe firearm storage. Hodgeman County residents rate their overall health as very good to excellent (41.5%), an additional 41% describe it as good, however; 87% report they do not exercise more than once a week. Additionally residents report being overweight (25%) and another 34% report they have been told they have high blood pressure by their health care provider. These are all conditions associated with unhealthy personal health. Despite the proven benefits of physical activity, more than 50% of American adults do not get enough physical activity to provide health benefits. Twenty-five percent of adults are not active at all in their leisure time. Activity decreases with age and is less common among women than men and among those with lower income and less education. National Center for Health Statistics show that 60 million U.S. adults 20 years of age and older are obese (NCHC, 2013). The percentage of young people who are overweight has more than tripled since 1980. Among children and teens aged 6–19 years, over 9 million young people are considered overweight (CDC, 2011). High blood pressure

(hypertension) is called the silent killer because it usually has no symptoms. High blood pressure increases the risk for developing heart disease, stroke, and other serious conditions. It is estimated that 1 out of 3 American adults has high blood pressure and of those with high blood pressure, almost one third are undiagnosed (NCHC, 2013). In Hodgeman Co. 32.3% of survey takers report cholesterol concerns. High cholesterol is a major risk factor for heart disease, one of the leading causes of death in the United States. Cholesterol levels are affected by age, sex, heredity, and diet. High cholesterol, like hypertension, produces no symptoms and can go undiagnosed. Hodgeman Co. is not unlike the rest of the United States, reporting figures very close to those reported nationally.

Disparities in health risk behaviors have a direct result on personal health. The data collected suggest that nearly half of all deaths are caused by avoidable behaviors and exposures, such as tobacco use, physical inactivity and poor nutrition. Hodgeman County residents have a low level of exercise participation with 87% exercising less than once a week. Survey participants also report exposure to secondhand smoke (42%) and have been informed by their health care provider they have high blood pressure and cholesterol readings. Addressing and eliminating these and other health disparities must remain a priority in order for the nation to maintain the continued improvements in overall health status. The National Institute of Health defines health disparities as differences in the incidence, prevalence, mortality and burden of disease and other adverse health conditions that exist among specific population groups in the United States.

Access to care/family health includes vaccination to influenza, where medical care is sought, and accessibility to the healthcare, health insurance and mental health care. It refers to an individual's ability to access and respond appropriately to health care services. As underlying

costs of medical care continue to rise, accessing health care services, both for the privately insured and the uninsured becomes increasingly expensive, and for some with lower income and/or poorer health, cost- prohibitive. Hodgeman Co. resident's reports only 4% of the survey respondents have no insurance of any kind, which is pretty amazing considering the national average is 16.3% (US Census, 2010). While health insurance coverage is not necessarily equivalent to access to care, coverage strongly affects ability to access care. People with health insurance are more likely to have a usual source of care, and those with usual sources of care experience fewer delays in receiving care and get more regular preventive care. Additionally, other factors that influence one's ability and willingness to access care are cultural differences regarding care, limited English proficiency, lack of knowledge of resources available and/or how to navigate the system and incompatible locations and hours of service. Language barriers are of very low incidence in Hodgeman Co., since 94.3% of county residents speak English as a primary language.

Emergency preparedness in the home within Hodgeman Co. is noted to be in its formative stages with only 26.7 % having made any emergency preparations. A small amount of emergency preparedness goes a long way before an emergency, and can save lives. No longer can citizens depend on others to care for them in the event of an emergency. The government is not equipped to handle the response alone and needs the people to be partners in their own preparations. Having a plan is no longer enough, the plans need to be practiced and revised as needed. Most commonly community members found they didn't practice enough and others discovered they didn't communicate with other team members enough. On a positive note Hodgeman Co. citizens were agreeable to evacuate if requested, 74.5% of the time.

Because of the excellent number of county members that took the health survey, the final results yielded good data with adequate responses. The survey participants included 37% rural residents, 63% city dwellers, female participants at 68.5%, and male survey takers participated at 31.5%. Additional demographic information is the marital status: married 52.1%, never married 27.6%, divorced 5.2% and widowed 12.4%. Also of interest was the educational level of survey participants: high school diploma 17.4%, some college no degree 19.5%, associate or vocational training 11.4%, bachelor degree 17.1% graduate 6.0% and professional 1.2%. Hodgeman Co. Kansas is a rural farming community, classified as frontier by the Kansas Department of Health and Environment (KDHE, 2013).

The Hodgeman Co. CHA team used the results of the health survey at the next meeting which concentrated on primary data—the health assessment survey. Team members came together once again on July 11 with twenty members in attendance. Primary data was discussed; strength and concern list were constructed using the Hodgeman county health assessment surveys. Three copies of the Survey questions and answers were passes out to the three breakout groups to use while the CHAT teams came up with Hodgeman Co. health strengths and concerns list. The surveys had been broken down into sections that included: The surveys had been broken down into four main areas of concern: nutrition, mental health, smoking, and a comparison that included vaccine, asthma and influenza vaccination. The groups came up with their main concerns and strengths, all three groups combining their concerns and strengths into one cumulative list (Appendix I).

Phase 5: Determine Health Priorities

Primary and secondary data has been reviewed and delineated from Hodgeman Co. health data, health resources and the health survey into three separate lists of strengths and

concerns by the CHAT team members. Further narrowing of health priorities was accomplished by the CHAT team to achieve a manageable list of strengths and concerns to work with without being overwhelmed. August 15, 2013 CHAT meet once again with eighteen members in attendance. This CHAT meeting was co-chaired by Sheila McCullough-Culver, HCHC representative and KSU Master in Public Health candidate and Lea Ann Seiler, HCHC to assist the group in the identification of the top health priorities as determined by our CHA process. The team once again divided into three sub-groups to expedite the narrowing process. Each group was presented with the three health summary sheets and given three different colors of sticky notes to use in identifying their top issues. Starting with primary data summary sheet each team member could choose five of their top priorities and place that sticky note on a poster board with that health issue listed at the top. All five sticky notes could be placed on five different issues or all five could be placed on the same issue if the CHAT team member felt strongly enough about that issue. This process was repeated three separate times for health data, health resources and health assessment survey. Once everyone made their selections, the top five from each assessment area were selected for the health priorities summary sheet. The health priority summary sheets list the top fifteen health priorities as determined by the Hodgeman Co. CHAT team (Appendix J). This CHAT meeting essentially ended the initial obligation for the CHAT team members, the next planned activity will be the community conversation, inviting the entire community to come and take part in what will be the final determination of our Hodgeman Co. health priorities to workable list, a place in which to begin some strategic planning. As the Community Health Assessment process drew to a close, plans for future strategic planning had begun.

Request for CHAT team members to participate in the community conversation were brought up to the group (Appendix K). CHAT team members were asked to speak to their original list of ten people and encourage attendance at the community conversation in order to get a full representation of county citizens. A request for volunteers to facilitate the small groups at the community conversation was made prior to the conclusion of this final CHAT team meeting (Appendix L).

The community conversation began at 7:00pm September 23, 2013 at the King Center in Jetmore, Kansas. Various members of Hodgeman Co. were on hand to begin this final process of the Community Health Assessment. A brief explanation of what a CHA is and what it can do for our county was given, as well as introductions of the core CHAT participating agencies. Instructions were given to the group; everyone was given 10 green sticky dots, 5 blue sticky dots and 3 red sticky dots to use when identifying the top health priorities (Appendix M). Our small but enthusiastic forum of citizens soon narrowed down the fifteen health priorities to a manageable list of three priorities that will be a starting point for our strategic planning. The selected health priorities would be a cumulative effort of the core agencies, depending on which priority was selected which agency would lead the efforts. I have to admit the final health priorities selected by the community conversation were not the ones I anticipated would end up in the top three. It was clear at the conclusion of this gathering that economics and economic development were high in the county citizen's minds. The top priorities were: 1) increased concern with lack of economic growth and opportunity, 2) limited services for shut-ins, and 3) limited opportunities for teens/young adults. While all important, I envisioned more health-related issues ending up on the top three list. Members of the CHAT team and community citizens were asked to sign up to participate on a Health Action Plan committee before leaving.

Sign-up sheets were distributed at the community conversation and volunteers did sign up. Signing up for an action group does not mean you will be in charge of developing a plan but rather you have an interest and might be interested in helping in the future.

Phases 6, 7 and 8: Creating and Disseminating the CHA Document Developing a Community Health Action Plan

With the CHA completed and analyzed, results made available to the public, and the results incorporated into the county health priorities, and willing citizens signed up; county agencies have taken this data and incorporated it into their strategic plans. It is not restricted to be used only by the agencies that developed it, nor whomever they specify, but can be used for any Hodgeman county entity that can gain useful information to facilitate their goals for the good of the community. The HCHD has placed a link on their website to any of the documents developed throughout this CHA process <http://www.hgcohealthdept.com/chat.htm>. Also available on the Hodgeman County Health Department website are the minutes to all CHAT meetings as well as the data assessment summaries (Appendix N).

The health priorities that ended up at the top of the priority list may be the ones to garner initial attention but that does not mean any or all of the health concerns won't end up as someone's strategic plan. As the CHA is developed into a document to record the progress and findings of the health priorities, the various community committees will gravitate toward which ever identified priority they can work with. It will be necessary to publish information about the CHA to make people aware and informed. Interest may be generated as the community learns more about what has been generated and what they can do to contribute to the health priorities. Eventually a formal community health action plan may be created but that shouldn't stop individuals or committees from getting started on their own interventions. As action teams form

and interventions are developed various work groups may find themselves working together on projects and that will only strengthen their outcomes. I plan on continuing to work with the CHA teams that have formed as this is my home county, and until the day I relocate I have a vested interest in the continued health and economic growth of Hodgeman County.

The benefit of a CHA to a community will continue to play out years after its completion, as the county follows its finding, while implementing new health care interventions. The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Public health performance standards are intended to guide the development of stronger public health systems by the county to improve the health of the citizens. The development of public health systems will increase the likelihood that all citizens have access to a level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration as well as integrate components of a public health system, and efficiently use resources while improving health intervention services.

As my capstone comes to a close the additional assessment skills I have gained will be of immeasurable value as I continue my public health career. The privilege of working with the experienced public health staff at Hodgeman County Health Department gave me an unforgettable experience while helping me accomplish the “core” work of a public health department. My emphasis in Infectious Diseases/Zoonoses allowed me to follow my dream in an area of interest I had chosen, and continue to choose, and to acquire additional knowledge in this area of public health. Investigation of emerging infectious diseases is a basic skill set for any up and coming MPH professional and for that I feel I have been well prepared.

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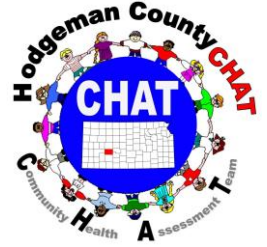
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Appendices

Appendix A

February 20, 2013

Dear Hodgeman County Resident:



It is with excitement that I invite you, and other progressive citizens of Hodgeman County, to an important event designed to help determine the health status, needs and resources in Hodgeman County. As we embark upon this conversation, we will work as a team to complete a Community Health Assessment (CHA). This process will not only focus on health but many other issues that impact the lives of people in our community.

CHA Program Goals

- Identify health strengths and challenges
- Determine health priorities
- Develop community health action plans

CHA in Action In order for our county to accomplish this CHA, listed below is the program agenda:

- Hold 6 - 8 meetings with a diverse group of local residents
- Identify local health resources
- Review local health data & conduct a local health survey

Using CHA

Gathered information will be used to generate discussion to:

- Identify unmet health-related needs
- Coordinate and expand our local health resources
- Develop interventions to improve our quality of life

Cooperating CHAT Agencies

The Community Health Assessment Team (CHAT) core agencies:

- Hodgeman County Health Department
- Hodgeman County Health Center
- Hodgeman County K-State Research and Extension Office
- Hodgeman County Economic Development

Join CHAT

If you choose to join our Community Health Assessment Team (CHAT), **complete & return the enclosed information card or email information**

to:

hghealthdept@hotmail.com

Response Deadline: Monday, March 4, 2013

First CHAT Meeting

Once we receive your reply, you will receive an agenda by mail or email for the first CHAT meeting:

Thursday, March 14, 2013

4:00 pm

Courthouse Lounge - 1st Floor, Jetmore, KS

Thank you for considering a commitment to improve the health of our community. We look forward to seeing you there!

Sheila McCullough - Culver, RN, BSN
Facilitator for CHAT Agencies

Hodgeman County Health Department
PO Box 86 - 500 Main St., Jetmore, KS 67854 / Ph: 620-357-8736 , FAX: 620-357-8846
email: hghealthdept@hotmail.com / www.hgcohealthdept.com

CHAT Team Core Agencies

Sheila McCullough - Culver, RN, BSN
Facilitator for **CHAT**
Master's in Public Health Candidate from
Kansas State University
Hodgeman County Health Center
620-357-8361

Lea Ann Seiler, CPM
Hodgeman County Economic Development
620-357-8831

Karen Haug, RN, BSN Administrator
Jenette Schuette, RN
Hodgeman County Health Department
620-357-8736

DeWayne E. Craghead
Extension Agent, Agriculture
K-State Research and Extension
Rhonda Stithem
Office Professional
620-357-8321

Tentative 2013 CHAT Meeting Schedule Courthouse Lounge - Jetmore, KS

Thursday, March 14th at 4:00 pm

Thursday, April 11th at 4:00 pm

Thursday, April 25th at 4:00 pm

Thursday, May 9th at 4:00 pm

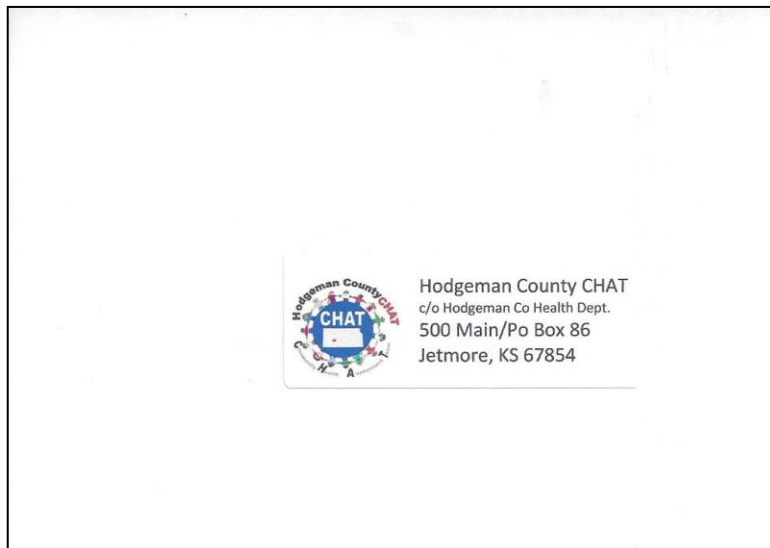
Thursday, June 13th at 4:00 pm

Thursday, July 11th at 4:00 pm

Thursday, August 22nd at 7:00 pm (Public Meeting)

Hodgeman County Health Department
PO Box 86 - 500 Main St., Jetmore, KS 67854 / Ph: 620-357-8736 , FAX: 620-357-8846
email: hghealthdept@hotmail.com / www.hgcohealthdept.com

Appendix B



Community Health Assessment Team CHAT
Please return by Monday, March 4, 2013

I will commit to join the CHAT Team YES ☐ NO ☐

Name: _____ City, Zip: _____

Address: _____ Cell Phone: _____

Phone: _____

I welcome text messages: Yes ☐ No ☐

Email Address: _____

My contact preference for meeting information: please circle one

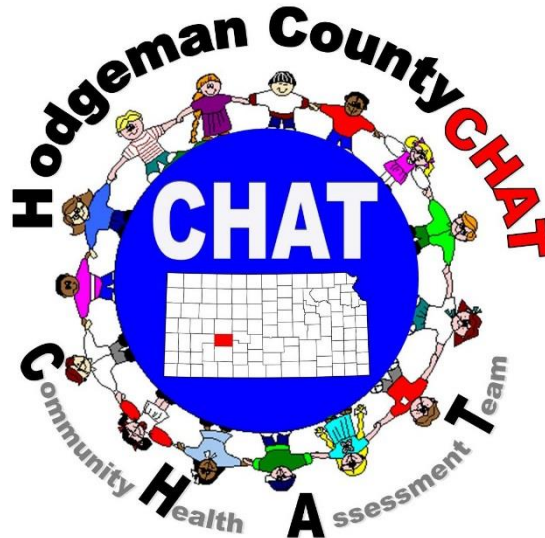
Mail ☐ Phone ☐ Email ☐

Do you have other ideas of people to involve in the CHAT conversation?
If so, please share their name with us:

Thanks for your investment in our Community!!!

Appendix C

Hodgeman County Community Health Survey



This survey also available online at
<https://www.surveymonkey.com/s/hgcohealth>

**Response Deadline: Please return this survey by Friday,
April 12, 2013.**

Survey drop box locations:

Jetmore

**Hodgeman County Health Department – Courthouse 1st Floor
Hodgeman County Health Center
Jetmore Food Center
Farmers State Bank**

Hanston

Hanston State Bank

Sheila McCullough – Culver, RN, BSN
Facilitator for CHAT Agencies

Hodgeman County Health Department

PO Box 86 – 500 Main St. Jetmore, KS 67854 / Ph: 620-357-8736, FAX: 620-357-8846

HODGEMAN COUNTY COMMUNITY HEALTH SURVEY

This survey also available online at
<https://www.surveymonkey.com/s/hgcohealth>

PART 1: Quality of Life Statements

Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 6 statements.

Statements	<i>Circle the number that best represents the person's opinion of each statement below.</i>				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. How do you feel about this statement, “There is good healthcare in Hodgeman County”? Consider the cost and quality, number of options, and availability of healthcare in the county.	1	2	3	4	5
2. How do you feel about this statement, “Hodgeman County is a good place to raise children”? Consider the quality and safety of schools and child care programs, after school programs, and places to play in this county.	1	2	3	4	5
3. How do you feel about this statement, “Hodgeman County is a good place to grow old”? Consider the county's elder-friendly housing, transportation to medical services, recreation, and services for the elderly.	1	2	3	4	5
4. How do you feel about this statement, “There is plenty of economic opportunity in Hodgeman County”? Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in the county.	1	2	3	4	5
5. How do you feel about this statement, “Hodgeman County is a safe place to live”? Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping in the county.	1	2	3	4	5
6. How do you feel about this statement, “There is plenty of help for people during times of need in Hodgeman County”? Consider social support in this county: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.	1	2	3	4	5

PART 2: Community Improvement

The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

7. Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in Hodgeman County? (Please choose only one.) If there is a community problem that you consider the most important and it is not on this list, please mark other and write in your issue.

- | | |
|---|--|
| <input type="checkbox"/> Pollution (air, water, land) | <input type="checkbox"/> Neglect and Abuse (<i>Specify type</i>) |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Elder abuse |
| <input type="checkbox"/> Low income/poverty | <input type="checkbox"/> Child abuse |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Lack of/ inadequate health insurance | <input type="checkbox"/> Violent crime (murder, assault) |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Discrimination/ racism | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Lack of community support | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> None |

8. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.) If there is a service that you think needs improvement that is not on this list, please mark other and list your improvement.

- | | |
|--|--|
| <input type="checkbox"/> Animal control | <input type="checkbox"/> Better/ more recreational facilities (parks, trails, community centers) |
| <input type="checkbox"/> Child care options | <input type="checkbox"/> Healthy family activities |
| <input type="checkbox"/> Elder care options | <input type="checkbox"/> Positive teen activities |
| <input type="checkbox"/> Services for disabled people | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> More affordable health services | <input type="checkbox"/> Availability of employment |
| <input type="checkbox"/> Better/ more healthy food choices | <input type="checkbox"/> Higher paying employment |
| <input type="checkbox"/> More affordable/better housing | <input type="checkbox"/> Road maintenance |
| <input type="checkbox"/> Number of health care providers | <input type="checkbox"/> Road safety |
| <input type="checkbox"/> What kind? _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Culturally appropriate health services | <input type="checkbox"/> None |
| <input type="checkbox"/> Counseling/ mental health/ support groups | |

Part 3. Health Information

9. In your opinion, which one health behavior do people in your own community need more information about? (Please suggest only one.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Eating well/nutrition | <input type="checkbox"/> Using child safety seats | <input type="checkbox"/> Substance abuse prevention |
| <input type="checkbox"/> Exercising/fitness | <input type="checkbox"/> Using seat belts | (ex: drugs and alcohol) |
| <input type="checkbox"/> Managing weight | <input type="checkbox"/> Driving safely | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Going to a dentist for check-ups/ preventive care | <input type="checkbox"/> Quitting smoking/ tobacco use prevention | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Going to the doctor for yearly check-ups and screenings | <input type="checkbox"/> Child care/ parenting | <input type="checkbox"/> Anger management |
| <input type="checkbox"/> Getting prenatal care during pregnancy | <input type="checkbox"/> Elder care | <input type="checkbox"/> Domestic violence prevention |
| <input type="checkbox"/> Getting flu shots and other vaccines | <input type="checkbox"/> Caring for family members with special needs/ disabilities | <input type="checkbox"/> Crime prevention |
| <input type="checkbox"/> Preparing for an emergency/disaster | <input type="checkbox"/> Preventing pregnancy and sexually transmitted disease (safe sex) | <input type="checkbox"/> Rape/sexual abuse prevention |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> None |

10. Where do you get most of your health-related information? Please choose only one.

- | | |
|---|--|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Doctor/nurse | <input type="checkbox"/> Health department |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Help lines |
| <input type="checkbox"/> Church | <input type="checkbox"/> Books/magazines |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> My child's school | |

11. What health topic(s)/disease(s) would you like to learn more about? (Write in all suggestions.)

12. Do you have children between the ages of 9 and 19 for which you are the caretaker? (Includes foster children, step-children, grandchildren, or other relatives)

- ☐ Yes ☐ No (*skip to question #14*)

13. Which of the following health topics do you think your child/children need(s) more information about?(Check all that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Drug Abuse |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> STDs | <input type="checkbox"/> Reckless Driving/Speeding |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Sexual Intercourse | <input type="checkbox"/> Mental Health Issues |
| <input type="checkbox"/> Asthma Management | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Diabetes Management | <input type="checkbox"/> Other _____ | |

PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

14. Would you say that, in general, your health is...

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor | |
| <input type="checkbox"/> Good | <input type="checkbox"/> Don't know/Not sure | |

15. Have you ever been told by a doctor, nurse, or other health professional that you have any of these health conditions?

(DK= Don't know/ Not sure)

- | | | | |
|---------------------------------|------------------------------|-----------------------------|-----------------------------|
| Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Depression or Anxiety | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| High blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| High cholesterol | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Diabetes (not during pregnancy) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Osteoporosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Overweight/Obesity | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Angina/ Heart disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |
| Cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DK |

16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business?

- ☐ Yes ☐ No ☐ Don't know/ Not sure

17. In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work?

____ Yes ____ No ____ Don't know/ Not sure

18. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour?

____ Yes ____ No (*skip to question #21*)

19. Since you said yes, how many times do you exercise or engage in physical activity during a normal week? _____ (Write number)

(If you exercise more than once a day, count each separate physical activity that lasts for at least a half hour to be one "time.")

20. Where do you go to exercise or engage in physical activity? Check all that apply.

____ YMCA/Sheridan Center	____ School Gym
____ Park	____ School Track
____ Home	____ Public Recreation Center
____ Public Roadways	____ Other
____ Private Gym (such as the HCHC Wellness Center)	

21. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

____ My job is physical or hard labor	____ I don't like to exercise.
____ Exercise is not important to me.	____ It costs too much to exercise
____ I don't have access to a facility that has the things I need, like a pool, golf course, or a track.	____ There is no safe place to exercise.
____ I don't have enough time to exercise.	____ I'm too tired to exercise.
____ I would need child care and I don't have it.	____ I'm physically disabled.
____ I don't know how to find exercise partners.	____ I don't know
	____ Other _____

22. Not counting lettuce salad or potato products, think about how often you eat fruits and vegetables in an average week.

How many cups per week of fruits and vegetables would you say you eat?

One apple or 12 baby carrots equal one cup.

(Write number of cups in the space provided.)

Number of cups of fruit	_____	_____	Never eat fruit
Number of cups of vegetables	_____	_____	Never eat vegetables
Number of cups 100% fruit juice	_____	_____	Never drink 100% fruit juice

23. Have you been exposed to secondhand smoke in the past year?

____ Yes ____ No (*Skip to question #25*) ____ Don't know/ Not sure (*Skip to question #25*)

24. If yes, where do you think you are exposed to secondhand smoke most often?

(Check only one place)

____ Home	____ School
____ Workplace	____ Other _____
____ Hospitals	____ I am not exposed to secondhand smoke.
____ Restaurants	

25. Do you currently smoke? (Include regular smoking in social settings.)

____ Yes ____ No (*If no, skip to question #27*)

26. If yes, where would you go for help if you wanted to quit?

(Choose only one.)

____ Quit Line	____ Health Department
____ Doctor	____ I don't know
____ Church	____ Other _____
____ Pharmacy	____ Not applicable; I don't want to quit
____ Private counselor/therapist	

27. An influenza/flu vaccine can be a “flu shot” injected into your arm or spray like “FluMist” which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine?

____ Yes, flu shot
____ Yes, flu spray
____ Yes, both

- ☐ No
☐ Don't know / Not sure

Part 5. Access to Care/ Family Health

28. Where do you go most often when you are sick? (Choose only one please.)

- | | |
|--|--|
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hospital Emergency Room | <input type="checkbox"/> Community Health Center |
| | (Such as UMMAM) |

**29. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills?
(Please choose only one.)**

- ☐ The State Employee Health Plan
☐ Blue Cross and Blue Shield of Kansas
☐ Other private health insurance plan purchased from employer or workplace
☐ Other private health insurance plan purchased directly from an insurance company
☐ Medicare
☐ KanCare (state health insurance)
☐ The military, or the VA
☐ Other (government plan)
☐ No health plan of any kind

30. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility?

- ☐ Yes ☐ No (*Skip to question #33*) ☐ Don't know/ Not sure

31. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to. If there was a provider that you tried to see but we do not have listed here, please write in under other.

- | | |
|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> General Practitioner |
| <input type="checkbox"/> Eye care/Optometrlist/Ophthalmologist | <input type="checkbox"/> Pharmacy/Prescriptions |
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> OB/GYN |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Urgent Care Center | <input type="checkbox"/> Medical Clinic |
| <input type="checkbox"/> Specialist (<i>What type?</i>) _____ | <input type="checkbox"/> Other _____ |

32. Since you said “yes,” which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to. If you had a problem that we do not have written here, please write in under other.

- ☐ No health insurance
- ☐ Insurance didn't cover what I/we needed
- ☐ My/our share of the cost (deductible/co-pay) was too high
- ☐ Doctor would not take my/our insurance or Medicaid
- ☐ Hospital would not take my/our insurance
- ☐ Pharmacy would not take my/our insurance or Medicaid
- ☐ Dentist would not take my/our insurance or Medicaid
- ☐ No way to get there
- ☐ Didn't know where to go
- ☐ Couldn't get an appointment
- ☐ The wait was too long
- ☐ Other: _____

33. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? (Please choose only one.)

- | | |
|--|--|
| <input type="checkbox"/> Private Counselor/Therapist | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Support group (e.g., AA, Al-Anon) | <input type="checkbox"/> Minister/Religious official |
| <input type="checkbox"/> School counselor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Don't know | |

Part 6. Emergency Preparedness

34. Does your household have working smoke and carbon monoxide detectors? (Mark only one.)

- | | |
|--|--|
| <input type="checkbox"/> Yes, smoke detectors only | <input type="checkbox"/> Yes, carbon monoxide detectors only |
| <input type="checkbox"/> Yes, both | <input type="checkbox"/> No |
| | <input type="checkbox"/> Don't know/ Not sure |

35. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)

- | | | |
|------------------------------|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (<i>Skip to question 37</i>) | <input type="checkbox"/> Don't know/Not sure (<i>Skip to question 37</i>) |
|------------------------------|--|---|

36. If yes, how many days do you have supplies for? _____ (*Write number of days*)

37. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one.)

- ☐ Television
- ☐ Radio
- ☐ Internet
- ☐ Print media (ex: newspaper)
- ☐ Social networking site
- ☐ Neighbors
- ☐ Text message (emergency alert system)
- ☐ Other (describe) _____
- ☐ Don't know/ Not sure

38. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

- ☐ Yes (*skip to question #40*)
☐ No (*go to question #39*)
☐ Don't know/ Not sure (*go to question #39*)

39. What would be the main reason you might not evacuate if asked to do so? (Check only one.)

- ☐ Lack of transportation
☐ Lack of trust in public officials
☐ Concern about leaving property behind
☐ Concern about personal safety
☐ Concern about family safety
☐ Concern about leaving pets
☐ Concern about traffic and inability to get out
☐ Health problems (could not be moved)
☐ Other (describe) _____
☐ Don't know/ Not sure

Part 7. Demographic Questions

The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

40. How old are you? (Mark age category.)

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> 14 - 19 | <input type="checkbox"/> 35 - 39 | <input type="checkbox"/> 55 - 59 | <input type="checkbox"/> 75 - 79 |
| <input type="checkbox"/> 20 - 24 | <input type="checkbox"/> 40 - 44 | <input type="checkbox"/> 60 - 64 | <input type="checkbox"/> 80 - 84 |
| <input type="checkbox"/> 25 - 29 | <input type="checkbox"/> 45 - 49 | <input type="checkbox"/> 65 - 69 | <input type="checkbox"/> 85 or older |
| <input type="checkbox"/> 30 - 34 | <input type="checkbox"/> 50 - 54 | <input type="checkbox"/> 70 - 74 | |

41. Are you Male or Female?

- ☐ Male ☐ Female

42. Are you of Hispanic, Latino, or Spanish origin?

- ☐ Yes ☐ No

43. What is your race? (Please check all that apply.)

- ☐ White/Caucasian
☐ Black or African American

- ☐ American Indian or Alaska Native
☐ Filipino
☐ Mexican/Puerto Rican
☐ Other Asian including Japanese, Chinese, Korean, Vietnamese
 (write in race) _____
☐ Pacific Islander including Native Hawaiian, Samoan, Guamanian/ Chamorro
 (write in race) _____
☐ Other race not listed here
 (write in race) _____

A. Do you speak a language other than English at home? (If no, skip to #44.)

☐ Yes ☐ No

B. If yes, what language do you speak at home? _____
Please circle:

Spanish Tagalog German Russian Other _____

44. What is your marital status? (Read categories. Mark only one)

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Never Married/Single | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Unmarried partner | <input type="checkbox"/> Separated |

45. What is the highest level of school, college or vocational training that you have finished?

(Mark only one.)

- | | |
|--|---|
| <input type="checkbox"/> Less than 9 th Grade | <input type="checkbox"/> 9-12 th Grade, no diploma |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> GED/equivalent |
| <input type="checkbox"/> Associate's Degree or Vocational Training | <input type="checkbox"/> Some College (no degree) |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Graduate |
| <input type="checkbox"/> Professional Degree (Ph.D., MD, DDS, DVM, etc.) | |

46. What was your total household income last year, before taxes?

(Read choices. Mark only one.)

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more |

47. How many people does this income support? _____

48. What is your employment status? (Read choices. Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Employed Full Time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Employed Part Time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Armed forces | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Unemployed for less than 1 year | <input type="checkbox"/> Unemployed for more than 1 year |
| <input type="checkbox"/> Unemployed NOT looking for work | |

50. Do you have access to the Internet at home?

- ☐ Yes ☐ No

51. What is your zip code? (Write only the first 5 digits.)_____

52. Where do you live?

Rural_____ City_____

Thank you so much for taking the time to complete this survey!

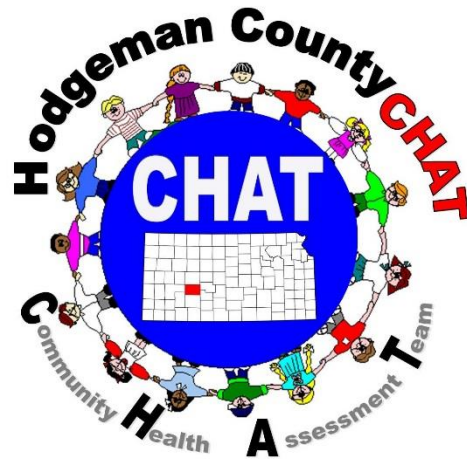
CHAT Team Core Agencies

Sheila McCullough - Culver, RN, BSN
Facilitator for **CHAT**
Master's in Public Health Candidate from
Kansas State University
Hodgeman County Health Center
620-357-8361

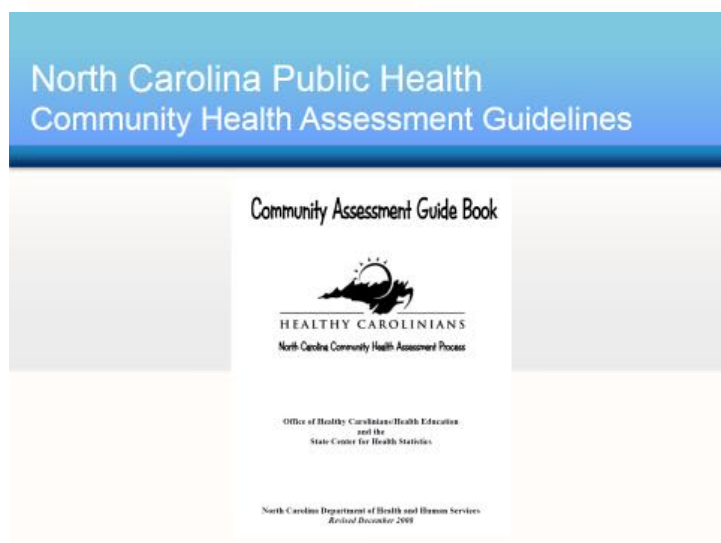
Karen Haug, RN, BSN Administrator
Jenette Schuette, RN
Hodgeman County Health Department
620-357-8736

DeWayne E. Craghead
Extension Agent, Agriculture
K-State Research and Extension
Rhonda Stithem
Office Professional
620-357-8321

Lea Ann Seiler, CPM
Hodgeman County Economic Development
620-357-8831



Appendix D: PowerPoint Presentation for First CHAT Meeting



What is a Community Health Assessment?

A process by which community members gain an understanding of the health concerns, and health care systems of the community by identifying, collecting, analyzing, and disseminating information on community assets, strengths, resources, and needs.



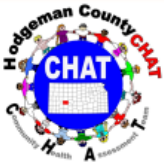
4

CHAT Team Core Agencies

Hodgeman County



- Hodgeman County Health Department
- Hodgeman County Health Center
- Hodgeman County Economic Development
- Hodgeman County Extension



5

Eight Phases of Community Health Assessment

Guides you through gathering a team of people who can represent the different viewpoints in your community

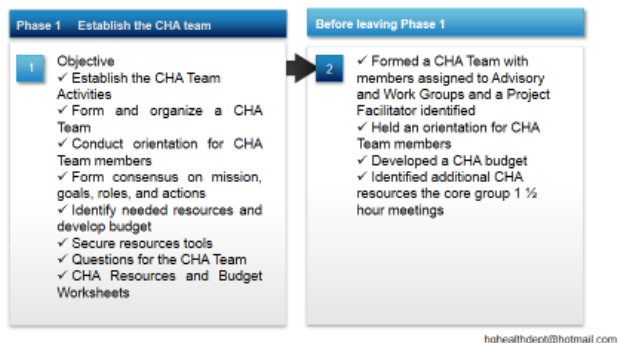


- | | |
|---------|--|
| Phase 1 | • Establish the CHA Team |
| Phase 2 | • Collect Primary Data |
| Phase 3 | • Collect Secondary Data |
| Phase 4 | • Analyze and Interpret Primary and Secondary Data |
| Phase 5 | • Determine Health Priorities |
| Phase 6 | • Create the CHA Document |
| Phase 7 | • Disseminate the CHA Document |
| Phase 8 | • Develop Community Health Action |

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Hodgeman County CHAT

Where do we begin?
Phase 1



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A Cooperative Team is Formed to Benefit the Entire County Hodgeman County, Kansas



- ✓ To share the assessment process and findings with the county residents and to educate local residents, health care providers, and students regarding pressing health problems
- ✓ To empower community members to act on issues of concern
- ✓ To identify emerging issues, to provide data for deciding programmatic/organizational decisions, and to plan effective, collaborative interventions to promote better health
- ✓ To advocate for community change with politicians and other local decision-makers
- ✓ To promote collaboration and partnership among community members and groups
- ✓ To furnish a baseline by which to monitor changes
- ✓ To serve as a reference point and a historical perspective for future county assessments
- ✓ To provide a resource for activities such as writing grant applications
- ✓ To serve as a model for other counties who are planning an assessment



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CHA Team Orientation Discussion Items

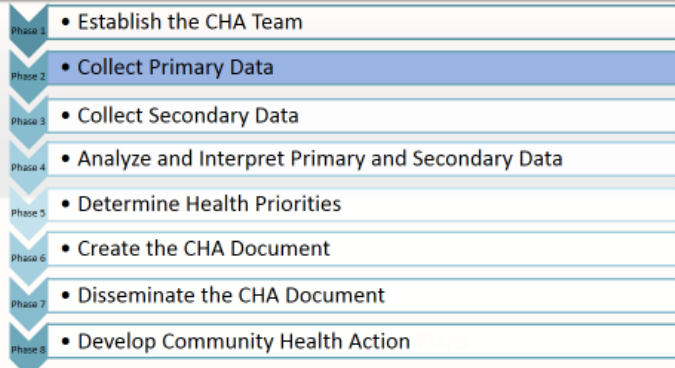
- ✓ Provide an overview of the scope and the goals of community-based assessment
- ✓ Provide an opportunity for each team member to articulate his or her goals and perspectives regarding their own or their agency's involvement
- ✓ Discuss the skills needed to guide and support the CHA process and the potential contributions of resources, knowledge, and skills of each CHA Team member
- ✓ Clarify individual member's role to avoid "turf concerns"
- ✓ Give the group time to reach common ground and develop a clearly articulated mission or purpose
- ✓ Establish a budget and timeline for the CHA project
- ✓ Discuss possible resource, training, and technical assistance needs



9

Eight Phases of Community Health Assessment

Step-by-step primary and secondary data collection from your community

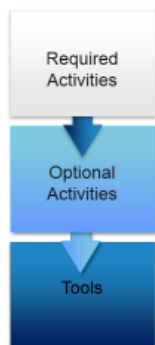


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Phase 2

Collect Primary Data



Objective:

- Collect primary data from county residents

Required Activities:

- Inventory health resources
- Conduct a community health opinion survey OR conduct small group discussions (listening sessions/focus groups)

Optional Activities:

- Interview key informants and informal community leaders
- Map the assets of the county

Tools:

- Sample interview questions for service providers and individuals
- Sample population-to-county population comparison worksheet
- Community Asset map

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Primary Data Requirements

Main Method of Data Collection

1. Inventory the community health resources
2. Conduct a community health opinion survey
 - Describe methods for selecting participants.
 - Convenience sampling- must collect at least 500 surveys
 - Random or systematic sampling- must show calculation or describe methods for determining sample size
3. Conduct listening sessions or focus groups
 - Show methods for selecting groups
 - Must have 15 minimum sessions with participants covering key ethnic, age, income, educational attainment and geographic regions of the county.

Supplementary Methods of Data Collection

1. Gather others' local data
2. Interview key informants from your community
3. Map the assets of your community



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Eight Phases of Community Health Assessment

Leads you through secondary data collection from several resources



- Phase 1 • Establish the CHA Team
- Phase 2 • Collect Primary Data
- Phase 3 • Collect Secondary Data
- Phase 4 • Analyze and Interpret Primary and Secondary Data
- Phase 5 • Determine Health Priorities
- Phase 6 • Create the CHA Document
- Phase 7 • Disseminate the CHA Document
- Phase 8 • Develop Community Health Action

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Phase 3

Collect Secondary Data

Objective:

- Collect secondary data for the county

Activities:

- Understand the different types and sources of data
- Gather county statistics
- Learn tips for interpreting statistics

Tools:

- Kansas Health Matters



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Kansas Health Matters

Secondary Data



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Sources of Local Secondary Data Hodgeman County



Public School System

- Enrollment numbers
- Graduation/drop-out rates
- Test scores

Library

- Local history/Information unique to the county

Chamber of Commerce

- List of businesses
- Employment/Unemployment rates
- Area economic data

Civic organizations

- Sources of involved community members
- Lists of charitable projects

Religious groups

- Membership numbers
- Lists of members and community needs

Community college/local university

- Enrollment/graduation numbers
- Fields of study available to students
- Academic research about the community

Law enforcement agencies

- Crime incidence
- Arrests/convictions numbers
- Incidence of domestic violence
- Motor vehicle crash information

Non-profit organizations

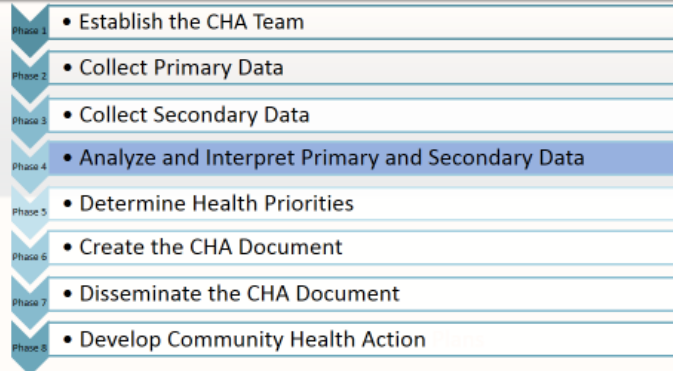
- Types of services performed
- Number of people eligible for service
- Number of people served
- Plans for the future

Large employers

- Economic impact to the community

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Eight Phases of Community Health Assessment Guides you on how to combine and interpret your community's data from all sources



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Analyze and Interpret Primary and Secondary Data



Objective:

- Analyze and interpret primary and secondary county data

Activities:

- Determine the county's health status from primary and secondary data
- Look at trends over time
- Compare the county to other counties and the state
- List the most important strengths and problems

Tools:

- Putting it all together – Health statistics
- Putting it all together – Community perceptions

Appendix:

- Statistical Primers

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Eight Phases of Community Health Assessment

Gives practical methods and suggestions on how to approach the community with assessment results



- Phase 1 • Establish the CHA Team
- Phase 2 • Collect Primary Data
- Phase 3 • Collect Secondary Data
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- Phase 7 • Disseminate the CHA Document
- Phase 8 • Develop Community Health Action

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Determine Health Priorities

What will benefit Hodgeman County the most?



Objective:
• Determine priority health issues for the county

Activities:
• Report CHA findings to county residents
• Solicit input of county residents on health issues
• Select priority health issues with input from county residents

Tools:
• Questions for county residents
• Problem importance worksheet
• Problem prioritization worksheet



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Choosing Health Priorities: Key Issues to Consider




- There should be a clear determination of health priorities chosen by the community—community input is vital to the prioritization process.
- Determine the county's capacity to address health priorities—consider how to use the wide array of resources discovered in the community health resource inventory.
- Consider how amenable each health priority is to change—it is important to be realistic about the degree of change that the community may be able to bring about.
- Assess the economic, social, cultural, and political issues that might influence the community's ability to address health priorities.
- Identify community programs that may already be addressing the health priorities. It is important to avoid duplication of effort—developing partnerships with those who are already implementing a health strategy may be a more effective and efficient use of limited resources

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Eight Phases of Community Health Assessment

Guides you through creating the community assessment report


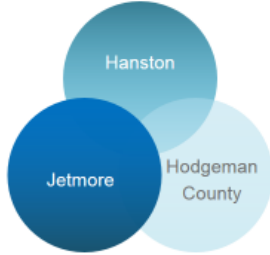


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- Phase 8 • Develop Community Health Action

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Community

Hodgeman County: Working Together

Objective:

- Create a CHA Document


Activities:

- Develop a document to report the CHA process and findings

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Eight Phases of Community Health Assessment

Advice on how to involve the community through strategic dissemination of the Community Health Assessment document



- Phase 1 • Establish the CHA Team
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Disseminate the CHA Document



Objective:

- Engage the community by sharing the CHA document
- Generate active participation in developing a community health action plan

Activities:

- Create a publicity committee
- Publicize information from the CHA document
- Keep the community informed about the results of the CHA and the development of a community health action plan

Tools:

- Sample press release

25

Before leaving Phase 7, check to see if the following tasks are complete:



Disseminated the CHA Document through several means to many various segments of the county

Developed plans to keep county residents informed

Newspaper articles
Radio and TV spots

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Eight Phases of Community Health Assessment
Guides you through creating the Community Health Action Plan



- | | |
|---------|--|
| Phase 1 | • Establish the CHA Team |
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Develop Community Health Action



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Objective:

- Create Community Health Action Plans

Activities:

- Develop interventions for addressing priority health issues
- Complete *Community Health Action Plan forms*

Tools:

- Resources for Evidenced-based Interventions
- Guidelines for *Community Health Action Plan forms*
- *Community Health Action Plan forms*

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Questions ?

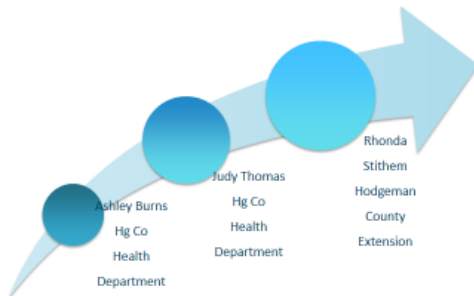


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Special Thanks to: Our partners in this process



30

THANK YOU!



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The 2013 Hodgeman Co. Annual Steak Supper

We Would Like to Thank Our Sponsors:

**Zoetis • Pawnee Valley Feedyard • Boothill Feeders • Servi-Tech
Midwest Ag Professionals, Farmers State, Hanston State Bank &
the Hodgeman County Extension Council**

Keynote Speaker:

Danny Gillum

**Vice-president of Technical Education
Dodge City Community College
Mobile Classroom Trailer & New Technology**

Appendix E

For ADT & Weather Channel

Hodgeman County Residents: Please complete the Hodgeman County Health Opinion Survey mailed to you on 3-26-13. For more info contact the Health Department at 357-8736.

For Facebook page per Hodgeman County 1st; Hodgeman County Community News; LeaAnn – Economic Development

Hodgeman County is conducting a Community Health Assessment. For details go to www.hgcohealthdept.com

Hodgeman County Residents: Your input is needed. Please participate in the Hg Co Health Opinion Survey.

For English: <https://www.surveymonkey.com/s/hgcohealth>

For Spanish: <https://www.surveymonkey.com/s/hgcoespanol>

Hodgeman Co CHAT Survey letter

From: **Kelly Hayes** (khayes@usd227.org) This sender

Sent: Mon 3/25/13 2:21 PM

To:

1 attachment

School Newsletter information sheet.pdf (115.5 KB)

Hodgeman County is conducting a Community Health Assessment. For details view the attached flier or go to www.hgcohealthdept.com.

Part of the Health Assessment is a Hodgeman County Health Opinion Survey.

Hodgeman County Residents: Your input is needed. Please participate in the Hg Co Health Opinion Survey.

For English: <https://www.surveymonkey.com/s/hgcohealth>

For Spanish: <https://www.surveymonkey.com/s/hgcoespanol>

This Hodgeman County Health Opinion Survey will also be mailed to you on 3-26-13.

Thank you in advance for your time,

Hodgeman County CHAT Team

CHAT Team Members

Emmett Aistrup, Mike Burke, Ashley Burns, Doug Chaney, Darrell Craghead, DeWayne Craghead, Mindy Cure, Terri Deuel, Marsha Ewy, Lorna Ford, Daniel Gibbons, Kenton Gleason, Alison Guthrie, Karen Haug, Sue Hergert, Jeff Hillman, Pat Housman, Sheila McCullough-Culver, Susan McKibbin, Deb McKivergan, Cheri Ruff, Christy Salmans, Jenette Schuette, LeaAnn Seiler, Rhonda Stithem, Judy Thomas, Jazmin Wagner, Mark Wellbrock

**Hodgeman County Health Dept
620-357-8736**

Important: This email and any attachments may contain confidential information subject to protection under the Federal Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164). If you or your organization is a "Covered Entity" under the above mentioned regulations, you are obligated to treat such information in a manner consistent with the regulations. If it appears that this email was sent to you in error, (1) you are prohibited from utilizing or disseminating this email or any attachments; (2) please immediately delete it from your computer and any servers or other locations where it might be stored and email or call the Hodgeman County Health Dept at 620-357-8736 advising that you have done so. We appreciate your cooperation.

THE JETMORE REPUBLICAN

SERVING HODGEMAN COUNTY SINCE 1878

Wednesday, March 20, 2013, Issue 12, Volume 136

Local Health Assessment Team asks for help with Survey

Through collaboration with numerous community partners, the local Health Department has developed the Hodgeman County Community Health Assessment Team (CHAT). This process is a systematic method of identifying unmet health care and human service needs along with possible interventions to meet those needs. Each Kansas County is faced with the challenge of balancing resident's access to quality health and human services with decreasing resources and increasing demand. By understanding the needs of the community and focusing efforts, effective steps can be taken to improve the health of our residents.

The CHAT Team invites all county residents to participate in this process by completing a survey to determine the health needs of Hodgeman County. Each household will receive a paper version of the survey along with information on how to complete the online version.

Facilitating the CHAT project is Sheila McCullough-Culver, RN, BSN a candidate for a Master's in Public Health from Kansas State University. "I am really excited and privileged to lead the community health assessment for

Hodgeman County. This project has the potential to benefit our community in so many ways through enhanced health, economic and support for all county residents."

Questions may be directed to the Hodgeman County Health Department

at 620-357-8736, or click www.hgcohealthdept.com. The CHAT Survey will be mailed the week of March 25th. The deadline to complete the survey is April 12th. Print and electronic Spanish versions will also be available. HCHD is an equal opportunity provider.



Appendix F

Community Health Assessment Team (CHAT) Hodgeman County Kansas



Secondary Data Assessment Sheet (Health Statistics)

Kansas Health Matters for Hodgeman County
County Health Rankings for Hodgeman County

CHAT Small Group Facilitator: Sheila McCullough-Culver, Karen Haug
& Jenette Schuette

CHAT Small Group Members:

Susan McKibbin	Mindy Cure	Kenton Gleason
Jeff Hillman	Doug Chaney	Christy Salmans
Pat Housman	DeWayne Craghead	Madison Salmans
Cheri Ruff	Alison Guthrie	Deb McKivergan
Ashley Burns	Judy Thomas	

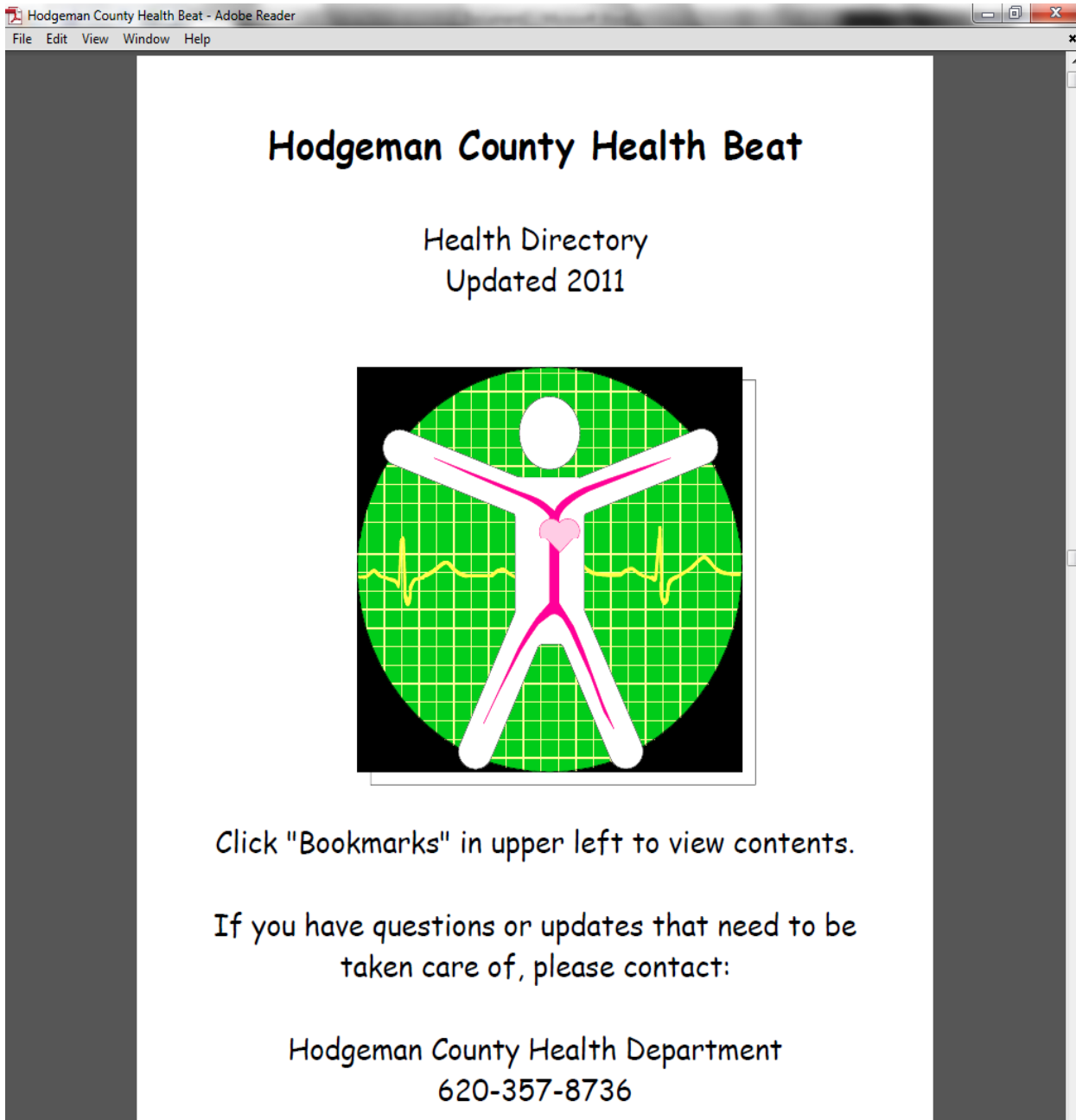
Hodgeman County Strengths

1. Home Ownership (2x)
2. Student Teacher Ratio (2x)
3. Voter Turnout
4. Community Participates in Health Screenings (2x)
(Ex: Higher than state average Diabetes screening rate)
5. High School Graduation Rate (2x)
6. Low Unemployment (2x)
7. Low Poverty Levels (2x)
8. Having a Grocery Store
9. Highly Educated Community

Hodgeman County Concerns

1. Accident/Injury Rate (3x)
Increased Unintentional Injuries
2. Elderly 65+ Living Alone (2x)
3. Lack of Recreational/Fitness Facilities
4. Low Activity Levels (2x)
5. Limited Access to Healthy Foods (2x)
6. Low percent of those eligible participate in Food Stamps
7. Obesity Rate greater than KS average (3x)
8. Stroke Rate greater than KS average (2x)
9. COPD Rate greater than KS average
10. Diabetes Rate greater than KS average
11. Smoking During Pregnancy Rate greater than KS average
12. Low Birth Weight greater than KS average
13. Uninsured Children & Adults
14. Lack of Dentist

Appendix G



Appendix H
Community Health Assessment Team (CHAT)
Hodgeman County Kansas



Health Resources Inventory Assessment Sheet

Tool: Hodgeman County Health Directory (Health Beat)

CHAT Small Group Facilitator: Karen Haug & Sheila McCullough-Culver

CHAT Small Group Members:

Deb McKivergan	Daniel Gibbons	Jenette Schuette
Mindy Cure	Kenton Gleason	
Ashley Burns	Lorna Ford	

Hodgeman County Strengths

1. Hospital
2. Pharmacy
3. Health Department
4. Volunteerism in Crisis
5. Health Services Directory-Health Beat
6. Strong Faith Base
7. Good Schools
8. Senior Centers
9. Walking available at Elk Plaza
10. Wellness Center at Hospital
11. Wide range of services offered in Hodgeman County
12. Outreach specialty clinics

Organizations not in Health Beat Directory

Hodgeman County Gaps

1. Recreation at Hanston
2. Hodgeman County Swimming Pool
3. Hospital Wellness Center (2x)
4. Alcoholics Anonymous Support Groups in Hodgeman County (2x)
(meets at Jetmore United Methodist Church)
5. Narcotic Anonymous Support Groups in Hodgeman County (2x)
(meets at Jetmore United Methodist Church)
6. Learn & Play
7. Better Marketing of Health Services available in Hg Co (Getting information to the right people)
8. No Meals on Wheels to Hg Co Rural or Hanston
9. Better Marketing of Hospital Wellness Center
10. No Access Point for SRS/DCF in Hanston
11. Limited number of Day Care Providers
12. No Safe House for Crisis – cannot access Sheriff's office after courthouse hours (only access is by phone)
13. No Summer lunch program for school aged kids
14. Limited knowledge of Area Mental Health Services available in Hodgeman County
15. No Nutritional/Fitness programs (Ex: personalized health & weight loss programs; something similar to TOPS or Weight Watchers)
16. Limited Entertainment for Teen/Young Adults (Ex: youth center)
17. Limited Jobs for Teen/Young Adults

12. Better organized Health Directory (Ex: difficult to find SRS/DCF info & difficult to find specific information on Parks & Recreation)

13. Limited knowledge of Hg Co Health Directory (add link to all Hg Co & City websites)

14. Lack of Affordable Housing

15. Limited access to transportation for elderly & needy

16. Limited Information on support groups (Ex: Alcoholics Anonymous & Narcotic Anonymous) 17. Limited Services to shut-ins (Ex: groceries, shopping delivery)

18. Limited Special Needs Services (Respite Care & Autism services)



Appendix I

Community Health Assessment Team (CHAT) Hodgeman County Kansas

Primary Data Assessment Sheet

Tool: Health Survey Results Notebook (Hg Co Health Survey)

CHAT Small Group Facilitator: Karen Haug, Sheila McCullough-Culver, Jenette Schuette

CHAT Small Group Members:

Colt Stairrett	Ashley Burns	Madison Salmans	Kenton Gleason
Christy Salmans	Lorna Ford	Deb McKivergan	Cheri Ruff
Judy Thomas	Alison Guthrie	Darrell Craghead	Susan McKibben
Pat Housman	LeaAnn Seiler	Mark Wellbrock	Dan Gibbons

Hodgeman County Strengths

1. Low adult smoking rate
2. High Flu shot rate
3. Good primary health care
4. Safe community
5. Help is available in times of need
6. High Immunization Rates
7. Grocery Store offers wide variety of foods and orders in needed/wanted items
8. Health Care – very accommodating Hospital, health office, clinic pharmacy
9. 60% of people exercise
10. Low percent of smokers
11. 68% of percent of people get the flu vaccine
12. Increased percent of people feel that Hodgeman County has good health care.
13. Increased percent of people feel that Hodgeman County is a good place to raise children and grow old.
14. 98% of people feel that it's a safe place to live.

Hodgeman County Concerns

1. Exercise and weight management
2. Growth and economic opportunity
3. Emergency preparedness
4. Destructive behaviors (substance abuse, reckless driving, etc.)
5. Housing
6. Increased importance of eating fruits / vegetables
7. Lack of dental care and dental awareness programs (dental problems can lead to other health issues ex: poor nutrition, infections, high blood pressure and high cholesterol)
8. Difficulty in making commitment to lifestyle changes
9. Exercise and Nutrition
10. Eating less fruits and vegetables
11. Suicide prevention education
12. Smokeless tobacco addiction
13. Increased percent of people concerned with lack of Economic Opportunity (too few jobs)



Appendix J

Community Health Assessment Team (CHAT) Hodgeman County Kansas

Health Priorities Summary Sheet

Tool: Health Data, Health Resources & Health Survey Assessment Summary Sheets

CHAT Small Group Facilitator: Karen Haug, Sheila McCullough-Culver,
Jenette Schuette & LeaAnn Seiler

CHAT Small Group Members:

Madison Salmans	Ashley Burns	Pat Housman	Alison Guthrie
Mindy Cure	Lorna Ford	Christy Salmans	Darrell Craghead
Kenton Gleason	Sue Hergert	Deb McKivergan	
Susan McKibben	Dan Gibbons	Judy Thomas	

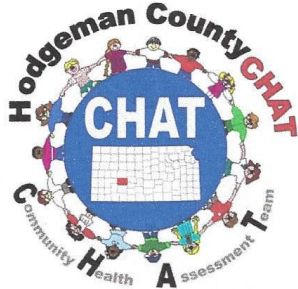
Top Health Priorities for Hodgeman County

1. Lack of Dentist
2. Uninsured Children and Adults
3. Low Activity Levels / Lack of Recreational and Fitness Facilities
4. Obesity Rate Greater than the Kansas Average
5. Limited Access to Healthy Foods / Limited Access to Nutrition and Fitness Programs
6. Limited services for elderly / shut-ins. Examples: Transportation (elderly and needy), Meals especially in rural and Hanston, shopping delivery.
7. Limited opportunities for Teen/Young adults.
Example: limited jobs, no youth center.
8. Lack of Affordable Housing
9. Better Marketing of Health Services Available in Hodgeman County.
Example: Better Organized Health Directory that includes all services and support groups. Increased public awareness of this Directory. Targeted services: Wellness Center in Hanston and at Hospital.
10. Limited access to Sheriff's office after hours: Access is only by phone.

11. Lack of dental care and awareness of the impact of poor dental care.
12. Destructive Behaviors related to Substance abuse (Drugs, Alcohol, Tobacco esp. smokeless tobacco) and Reckless Driving.
13. Lack of Housing
14. Difficulty in making commitment to lifestyle changes related to Exercise, Nutrition and Weight Management.
15. Increased concern with lack of Economic Growth and Opportunity. Example: Limited jobs.

Priorities derived from the following: 1-5 Health Data; 6-10 Health Resources; and 11-15 Health Survey

Appendix K



CHAT Team Core Agencies

Hodgeman County Health Department
Hodgeman County Health Center
Hodgeman County Economic Development
Hodgeman County Extension

Dear Hodgeman County Resident:

The Hodgeman County Community Health Assessment Team (CHAT) has nearly completed a Community Health Assessment and has identified a list of Health Concerns for Hodgeman County. This list has been compiled from Hodgeman County Health Data, Health Resources and the Health Survey. **For details on the Hodgeman County Community Health Assessment Process please visit the Health Department website at www.hgcohealthdept.com and click on the CHAT logo.**

The Hodgeman County CHAT Team invites you to participate in finalizing this process by attending a CHAT Community Conversation. At this conversation, we will review the CHAT Team's list of Health Concerns for Hodgeman County and then work to narrow it down to the Top Health Priorities for our county.

Community Conversation Details:

***Monday, September 23rd at 7 p.m.
King Center, 1312 Main, Jetmore***

The CHAT Team needs the input of community members ... your attendance is very important. If you have questions, please call the Health Department or any CHAT Team member listed below.

Thank you in advance for your time,

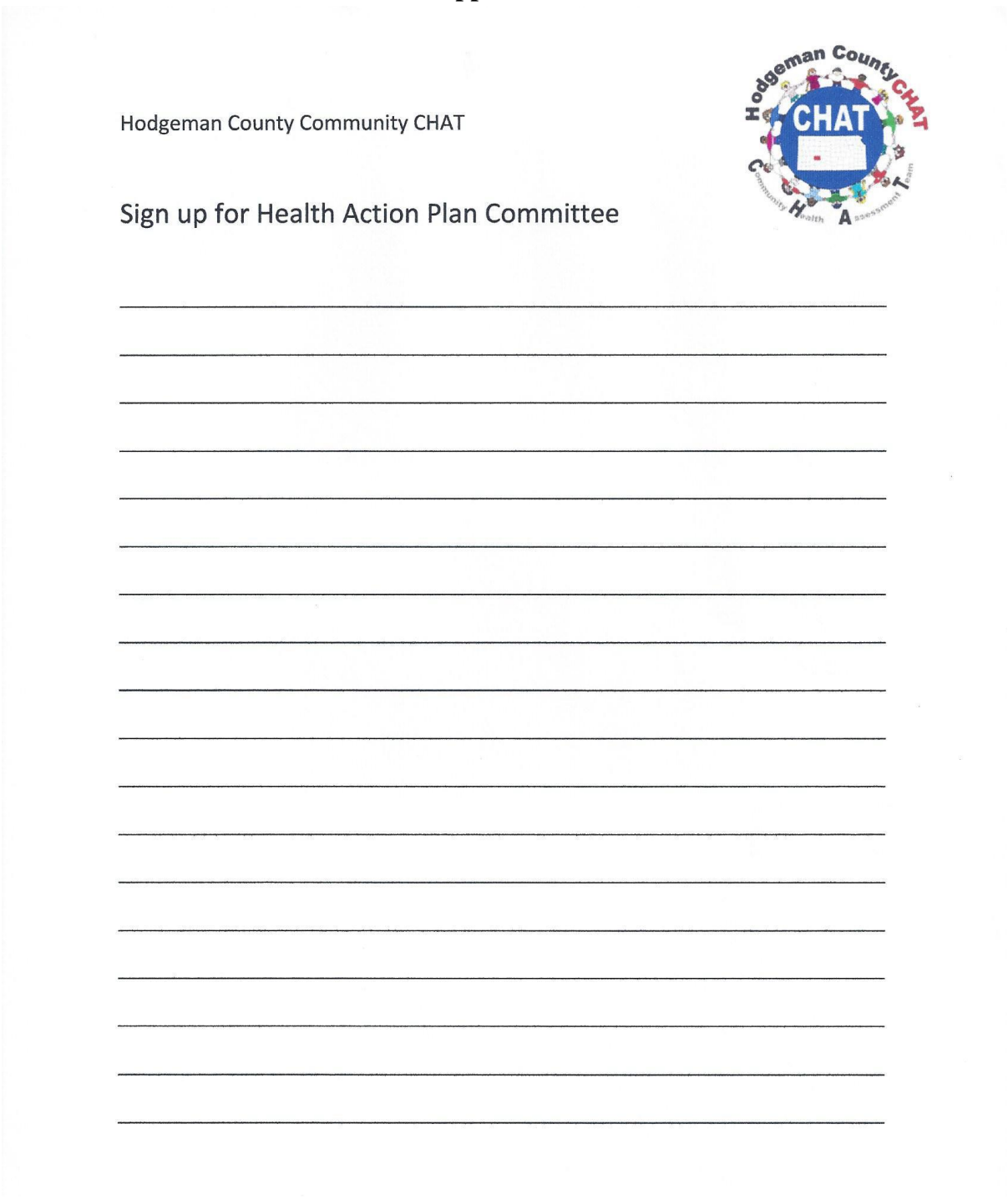
Hodgeman County CHAT Team

CHAT Team Members

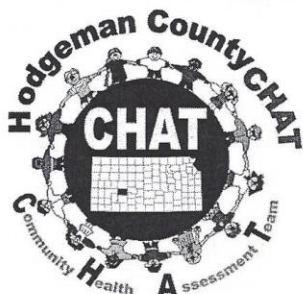
Emmett Aistrup, Mike Burke, Ashley Burns, Doug Chaney, Darrell Craghead, DeWayne Craghead, Mindy Cure, Terri Deuel, Marsha Ewy, Lorna Ford, Daniel Gibbons, Kenton Gleason, Alison Guthrie, Karen Haug, Sue Hergert, Jeff Hillman, Pat Housman, Sheila McCullough-Culver, Susan McKibbin, Deb McKivergan, Cheri Ruff, Christy Salmans, Madison Salmans, Jenette Schuette, LeaAnn Seiler, Rhonda Stithem, Judy Thomas, Mark Wellbrock

What is a Community Health Assessment? A process by which community members gain an understanding of the health concerns and health care systems in our community. This is accomplished by identifying, collecting, analyzing, and disseminating information about community assets, strengths, resources, and needs.

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Appendix M



CHAT Team Core Agencies

Hodgeman County Health Department
Hodgeman County Health Center
Hodgeman County Economic Development
Hodgeman County Extension

Sheila



CHAT Community Conversation Facilitator Guidance Sept. 23, 2013

Table Facilitator: These notes are to give you guidance in case you need to reiterate to team members at your table what we are trying to accomplish and how we are going to do it.

Welcome to the Community Conversation

LeaAnn Seiler, CPM, Director, Hodgeman County Economic Development

The Goal of the Conversation is to Identify Health Priorities for Hodgeman County
Let's start by looking at the CHAT Team's list of Hodgeman County Strengths. Look at "What We Do Well" in Hodgeman County. (The Hodgeman County Strengths are on the light purple sheet on your table)

Look over the list:

What strengths do you agree with?
Do you have others to add?

Why identify Health Priorities?

Karen Haug, RN, BSN, Administrator, Hodgeman County Health Department

Health and governmental agencies are being asked to identify health priorities by assessing the needs of their community. We are being asked these types of questions:

Are you meeting the needs of your community?
How do you know what your community needs?
Are you offering the right services for your community needs?
What are you basing your decisions on – do you have data and/or community support for your decisions?
Are you doing agency planning based on the needs and opinions of your community?
Are you regularly evaluating the effectiveness of your agency planning?

The Community Health Assessment Process is a tool to help answer these questions so agencies can do strategic planning based on data and community support. More simply put so we offer services that meet the needs of our community.

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What was the Community Health Assessment process used by the CHAT Team?

Sheila McCullough-Culver, RN, BSN, Facilitator for CHAT, Masters's in Public Health
Candidate from Kansas State University, Hodgeman County Health Center

We accomplished our Community Health Assessment by following the process set forth by the North Carolina Division of Public Health. Initially, we developed a core group by inviting Health related agencies from our county to participate in the Community Health Assessment for Hodgeman County. The core Hodgeman County agencies were the Health Department, Hospital, Economic Development and the Extension. After establishing core agencies to form a cooperative effort, we invited numerous community members to become part of our team, which we named CHAT for Community Health Assessment Team. This process ensured that the health assessment was done **by** the community rather than **on** the community. The first meeting was on March 14 with a good turnout of interested participants. A PowerPoint was presented to explain the CHA process – the PowerPoint is available on the CHAT page of the Health Department webpage.

First Meeting: (March 14th 2013) The Health Survey was approved by the CHAT Team and then sent out to the community. Community members were given the option to complete the survey by paper form or by computer survey monkey. We had 335 surveys completed and all paper surveys were entered into the Survey Monkey.

Second Meeting: (April 11th 2013) Secondary Data for Hodgeman County was reviewed. This included Kansas Health Matters and County Health Rankings. (Icon links to this data are on the CHAT page of the Health Dept Webpage) The CHAT team reviewed this data and came up with a beginning list of Hodgeman County Strengths and Concerns. (Icon link for the Secondary Data Assessment Summary Sheet is on the CHAT page of the Health Dept webpage)

Third Meeting: (May 9th 2013) The Hodgeman County Health Resources Inventory was reviewed. A tool used in this review was the Hodgeman County Health Beat Directory. This is a directory of health services available in Hodgeman County or surrounding areas as well as State/National resources and hotlines (Click on the Health Directory Hodgeman County Health Beat icon on the CHAT page of the Health Dept webpage). The CHAT team reviewed this data and came up with a beginning list of Hodgeman County Strengths and Gaps in services related to Health Resources in our community. (Icon for the Health Resources Inventory Summary Sheet is on the CHAT page of the Health Dept webpage)

Fourth Meeting: (July 11th 2013) The Hodgeman County Health Survey (Primary Data) was reviewed. The CHAT team reviewed this data and came up with a beginning list of Hodgeman County Strengths and Concerns. (Icon for the Primary Data Assessment Summary Sheet is on the CHAT page of the Health Dept webpage)

Fifth Meeting: (August 15th 2013) The three Summary Assessments (Health Data, Health Resources & Health survey) were reviewed. The CHAT team identified 15 Hodgeman County Health Priorities from these summary lists. (Icon for the Hodgeman County Health Priorities is on the CHAT page of the Health Dept webpage)

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Community Conversation about Health Priorities

From the CHA process, the CHAT team has identified 15 Hodgeman County Health Priorities or Concerns. These are listed on the light yellow sheet "Top Health Priorities for Hodgeman County."

Please take some time to read over this list and think about which ones you consider most important.

Step One (Go from 15 to 10 Priorities):

Each of you will be given 10 green dots and asked to place the dots by the Health Priorities that are most important to you. You can spread the dots out over a number of health issues / priorities or you may place them on the same issue if you feel that strong about it. Once everyone has determined their priorities, we will narrow the 15 down to 10 health priorities. **(Facilitator:** These dots are on your table in an envelope with a green dot on it - please hand out 10 green dots to each person at your table)

Step Two (Go from 10 to 5 Priorities):

Each of you will be given 5 blue dots and asked to place the dots by the Health Priorities that are most important to you. You can spread the dots out over a number of health issues / priorities or you may place them on the same issue if you feel that strong about it. Once everyone has determined their priorities, we will narrow the 10 down to 5 health priorities. **(Facilitator:** These dots are on your table in an envelope with a blue dot on it - please hand out 5 blue dots to each person at your table)

Step Three (Go from 5 to 3 Priorities):

Each of you will be given 3 red dots and asked to place the dots by the Health Priorities that are most important to you. You can spread the dots out over a number of health issues / priorities or you may place them on the same issue if you feel that strong about it. Once everyone has determined their priorities, we will narrow the 5 down to 3 health priorities. **(Facilitator:** These dots are on your table in an envelope with a red dot on it - please hand out 3 red dots to each person at your table)

Facilitators: Please write (with the black marker) the 3 Top Health Priorities on the Health Priorities Action Plan Committee Sheet – one health priority per sheet.

Where to we go from here?

1) Local agencies can use this information for strategic planning – data based planning of services offered. The agencies can use the Community Health Assessment Data in any way that it is helpful to their agency. They can pick from the Top 15 /10/ 5/ or 3 Health Priorities List – whatever works best for them. This information will be added to the Hodgeman County Health Department webpage under the CHAT Logo.

2) We would like to develop CHAT Action Teams to work on the Top 3 Health Priorities. These are the things you see as the highest needs for our county and we will need dedicated people willing to help us continue this process. If you, or the agency you represent, would like to serve on a CHAT Action Team, please sign up on the form at your table. **(Facilitator:** Please ask the members at your table to sign up for an action team related to one of the 3 Top Health Priorities we identified tonight)

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Appendix N



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(620) 357-8736 (office) • (620) 357-8846 (fax)

Hodgeman County Health Department

Mission Statement:
to protect and promote the health of citizens in Hodgeman County by assuring adequate community health services and a safe environment.

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[Services](#)
[Links](#)
[Contact Us](#)
[CHAT](#)



Community Health Assessment Team

Hodgeman County Community Health Assessment Team (CHAT)

What is a Community Health Assessment (CHA)?

A process by which community members gain an understanding of the health concerns and health care systems in our community. This is accomplished by identifying, collecting, analyzing, and disseminating information about community assets, strengths, resources, and needs.

CHA Program Goals

- Review local health data & conduct a local health survey
- Identify local health resources
- Identify health strengths and challenges
- Determine health priorities
- Develop community health action plans

Using CHA

Gathered information will be used to generate discussion to:

- Identify unmet health-related needs
- Coordinate and expand our local health resources
- Develop interventions to improve our quality of life

Important:
CHAT Community Meeting
September 23rd, 2013
[Click Here for Details](#)



County Health Rankings & Roadmaps
A Healthier Nation, County by County

Hodgeman County Health Beat

CHAT Team Progress

Meeting Summaries

- [March 14, 2013](#)
- [April 11, 2013](#)
- [May 9, 2013](#)
- [July 11, 2013](#)
- [August 15, 2013](#)

Data Assessment Summaries

- [Primary Data](#)
- [Secondary Data](#)
- [Health Resources](#)
- [Health Priorities](#)

For more details on the Community Health Assessment Process, [click here](#).

CHAT Team Core Agencies

- [Hodgeman County Health Department](#)
- [Hodgeman County Health Center](#)
- [Hodgeman County Economic Development](#)
- [Hodgeman County Extension](#)

CHAT Team Members - [Click Here](#).

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